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NAVAL POSTGRADUATE SCHOOL

MONTEREY, CALIFORNIA

THESIS

**GOVERNMENT EXPECTATIONS AND THE ROLE OF
LAW ENFORCEMENT IN A BIOLOGICAL INCIDENT**

by

Nancy Demme

March 2007

Thesis Advisor:
Second Reader:

Robert Bach
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**GOVERNMENT EXPECTATIONS AND THE ROLE OF LAW ENFORCEMENT
IN A BIOLOGICAL INCIDENT**

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Submitted in partial fulfillment of the
requirements for the degree of

**MASTER OF ARTS IN SECURITY STUDIES
(HOMELAND SECURITY AND DEFENSE)**

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ABSTRACT

Currently government and public health are drafting emergency response plans regarding biological events (man-made & natural) that include responsibilities for law enforcement. Yet, police officers are unaccustomed to working with biological agents or responding to biological incidents, and have little if any experience in this area. Therefore, their expectations and concerns are unknown and their willingness to respond is untested. Through the use of focus groups, officers were asked questions about their thoughts and concerns regarding responding to a bio-incident. The focus groups consisted of over forty police officers, from more than five different agencies in the National Capitol Region.

The results of the research demonstrate that most police officers are willing to respond to a biological incident; however, they expect that their families will be properly cared for by their agency, which presents a problem if there is no vaccine available. Other areas that were explored were the officers' expectations of the public and of their respective agencies in a bio-incident. The research concludes with recommendations regarding ways to prepare the public to have realistic expectations of law enforcement, the need to create a Family Support Unit within each agency, as well as other recommendations

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I. INTRODUCTION

A. PROBLEM STATEMENT

Currently, local and state governments are drafting bio-disaster plans for use in the event of a bio-terrorist attack or natural pandemic. Historically, government officials have relied on quarantine as the main method of containment to prevent the spread of disease during these events. The last, large-scale pandemic episode in the United States was in 1918, when 500,000 people died during a worldwide influenza outbreak that killed 50 million.¹

Quarantine was used to stop the spread of disease in 1918. However, in today's society there are many practical, political and ethical concerns about the use of quarantine.² The public has come to expect the government to provide for and take care of them in the event of a natural or man-made disaster. Simultaneously, the public also expects the government to respect and protect their civil liberties. These often conflicting expectations – effective care and protection of liberties – place significant challenges on governments as they plan for bio-disasters.

In today's social context, planners worry about how people would react to government-ordered quarantine. Historically, some people who were exposed to a disease hid in fear, rather than comply with quarantine orders. They feared being stigmatized or ostracized.³ Others failed to comply because they simply were not able. For example, many people facing quarantine orders need to work or care for family. They also need to move around their local communities. These are still likely to be the responses of people today if exposed to a

¹ Margaret A. Hamburg, M.D., et al., "A Killer Flu?: Scientific Experts Estimate that 'Inevitable' Major Epidemic of New Influenza Virus Strain Could Result in Millions of Deaths if Preventive Actions Are Not Taken," *Trust for America's Health* (June 2005): 2.

² Joseph Barbera, MD, et al., "Large-Scale Quarantine Following Biological Terrorism in the United States," *Scientific Examination, Logistic and Legal Limits, and Possible Consequences*, no.21, (2001), 2712. (downloaded from www.jama.com on October 21, 2005).

³ Working Group on 'Governance Dilemmas' in Bioterrorism Response, "Leading during Bioattacks and Epidemics with the Public's Trust and Help," *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 2, no. 1 (2004), 32.

biological agent or a contagious disease. Plans that stress quarantine and other restrictive measures must confront the likelihood that community members will perceive that they need to violate duly authorized orders that restrain public behavior.

This modern dilemma became apparent when severe acute respiratory syndrome (SARS) broke out in Toronto, Canada in 2003. Approximately 14,000 individuals were placed in home-quarantine.⁴ Most people complied with the government's home-quarantine orders. Many observers, however, doubt that the American public, in a similar situation, would respond to government officials' orders to shelter-in-place or home-quarantine. As of yet, this issue, on a large scale, is untested in modern day America.

The U.S. government's response to the victims of hurricane "Katrina" greatly complicates these perceptions of how the American public and local authorities will plan for and act during bio-disaster events. Failures across all levels of government, and the broad dissemination of the visible outcomes of the response effort across live television, have diminished the public's faith in government. The response failures have shaken the confidence of the federal government that civilian agencies are able to handle such catastrophes. Given these dilemmas, the American public may be less likely to acquiesce to government-ordered quarantine. The public may be more inclined to exercise free will and self-reliance in opposition to imposed orders.

Unless and until communities and government officials learn to plan together effectively and gain trust in each other, individuals will likely not appreciate that quarantines and other imposed limits are in their best interest. Family and personal needs may become priorities that lead to wholesale opposition and resistance to quarantine orders.

During a crisis, the public will likely look to the government, including law enforcement, for guidance and assurance. If the government is able to earn the

⁴ Maureen A. Cava, et al., "The Experience of Quarantine for Individuals Affected by SARS in Toronto," *Public Health Nursing* vol. 22, no. 5, (2005), 398.

trust of the public during a crisis situation, it will certainly help to ensure compliance with requests to quarantine or shelter-in-place. Trust between government and citizens will help eliminate the chaos that could both undermine an effective response to a bio-disaster and make the situation even worse.

Currently, however, governments do not appear to be openly discussing bio-disaster plans with the public. The government should be discussing with the public the roles that the public should play during an event, how any interruption of services will be addressed, and plans to maintain continuity of life needs in a community. Law enforcement agencies will be at the center of the interaction between the government and the public. Any lack of transparency in planning will make the law enforcement task during a potential bio-disaster crucial. To the extent that government officials can earn and maintain the trust of the public during a bio-disaster, the chance that a large scale health crisis can be prevented will be much greater. If not, law enforcement will have to be a key component in maintaining peace and social order.

The law enforcement role in quarantine, however, is deeply problematic. It calls into question issues related to use of lethal force, the safety of officers, and the protection of civil rights that the public desires. How law enforcement agencies prepare to respond during a bio-disaster will determine if and how communities can minimize the impact of a bio-disaster on the economy and foster the core values of a healthy democratic society.⁵ Extensive education of the public, government and especially law enforcement officials, well before the event, may be instrumental in achieving a successful response to a bio-event.

Surprisingly, although law enforcement officers are first responders and a significant part of every community, how they will respond to a pandemic event or bio-attack is, as of yet, untested. Law enforcement officers do not understand disease and many of the proposed bio-response plans may face resistance from the rank-and-file. If the Center for Disease Control and Prevention's (CDC) predictions are correct, most workforces can expect to have their staffing

⁵ Working Group, "Leading During Bioattacks," 25.

numbers depleted by up to 30 to 40 percent as a result of illness in a pandemic situation. Those numbers are the anticipated sick people and do not include those who remain home due to fear, to care for sick family members, or because schools are closed and children need to be cared for. Yet, without the experience of an actual pandemic or bio-attack, any conclusions about how law enforcement officials may respond are premature. Expectations about how officers will respond remain limited to information gathered through survey studies of intentions and perception, observations of simulated events, and simulation studies.⁶

What we do know, however, is that a natural pandemic has been looming on the horizon for over a year and most state and local governments have not engaged the public in planning for a natural disaster, except to tell them to stockpile supplies in their homes. Without question, law enforcement officers as a community have not been consulted about their needs and expectations. Few agencies have tried to understand and test the underlying assumption that officers will report to work during a bio-disaster. The way forward in planning for a bio-event almost certainly calls for increased governmental efforts to work in advance of a crisis with the public and law enforcement to enlist their cooperation in the development of plans, designing and agreeing upon responsibilities during a disaster, and working to maintain trust throughout a crisis.⁷

Social order and trust are interdependent; one cannot exist without the other. The challenge confronting law enforcement agencies involves their dual role in planning for a bio-disaster. They are simultaneously essential to guaranteeing social order during an event, and a crucial component of efforts to build, plan and sustain trust with the community. A disaster takes an emotional toll on those who live through it, and those who have an active role in responding

⁶ Cleto DiGiovanni, Jr., et al., "Community Reaction to Bioterrorism: Prospective Study of Simulated Outbreak," *Emerging Infectious Diseases* 9, no. 6 (June 2003), 710-711.

⁷ Thomas A. Glass and Monica Schoch-Spana, "Bioterrorism and the People: How to Vaccinate a City against Panic," *Confronting Biological Weapons – Clinical Infectious Disease* 34, (2002), 220-222.

to it. Law enforcement officers will contribute more effectively and recover most quickly if they are fully engaged in the planning for a potential bio-disaster.

B. RESEARCH QUESTION

The core question addressed in this thesis is whether law enforcement personnel will respond to work during a bio-terrorism attack or a pandemic event. If not, what conditions would be needed to enable them to report to work? If officers are willing to report to work, do they understand what their role is in a bio-incident, both pre-incident and during the event?

1. Specific Research Objective

Government officials are drafting bio-terrorist attack and pandemic response plans that include roles for law enforcement. The goal of the research is to determine if government officials and their own leaders have realistic expectations of how law enforcement officers will respond. The objective in this thesis is to determine if law enforcement officers are willing and able to respond to work during a bio-incident. If not, why? Additionally, if this research determines that officers are willing and able to report to work, are they willing to enforce court-ordered quarantine and with what level of force? This thesis will also seek to demonstrate the extent to which basic community-policing techniques used by law enforcement in advance of an incident to prepare and educate the public may help to minimize chaos, decrease the need for government ordered quarantine, and increase aid to the public in healing post-event.

2. Significance of Research

Many state and local public health departments are confident that law enforcement will be willing and able to assist during a pandemic or bio-terrorism attack. Most plans include numerous and potentially unrealistic responsibilities for law enforcement, such as enforcement of quarantine orders, security for dispensing sites, and continuity of public service. However, police are not accustomed to confronting disease-related events, especially without prophylactic medicines, such as Cipro for Anthrax. The workforce of many law enforcement agencies will be directly affected in much the same way as other

businesses – there is the potential for a 30-40 percent reduction in staffing due to illness. Bio-incident plans may need to be revised if it is determined that there will be significant reduction in law enforcement staffing levels during a bio-incident.

Law enforcement agencies also need to be able to incorporate the new demands on their responsibilities, including the incorporation of new authorities and practices arising from health-related events into strategies of policing that have served them well. Police have spent years developing good relationships with their respective communities. By applying basic community-policing techniques in advance to educate and prepare the public about the plans and what is expected of them, law enforcement may be able to assist the government, further enhance the police-community relationship, maximize the probability that officers will be both able and willing to respond to health crises, and aid the healing process for the entire community in the post-crisis environment.

C. HYPOTHESIS

Quarantine represents an extreme measure of legal constraint and force against the American public, with criminal sanctions for violations. As such, law enforcement officials will be expected to be involved with the implementation and enforcement of quarantine orders. However, preparedness planning for bio-incidents has generally not involved law enforcement officials and, as a result, may be underestimating the difficulties of and the opposition to quarantine enforcement among law enforcement officials themselves.

This thesis is designed to examine the perceptions, attitudes, and desires of local law enforcement officials in regards to preparing to respond to a biological event, their expectations about participating in quarantine enforcement, ways to overcome problems that might limit an effective public safety response, and alternatives to quarantine. The hypothesis underlying this thesis is that, given widespread problems with using local law enforcement officers to enforce quarantines, public health and homeland security officials need to design and adopt a comprehensive, community-based prevention approach that has as its primary goal to minimize the use of quarantine and a dependence on local police

to enforce it. The thesis reviews current misperceptions and assumptions, and seeks to identify community-oriented plans and processes that will directly involve local law enforcement officials in preparing local residents to respond effectively to biological events.

Throughout this thesis, local law enforcement officials are treated both as government representatives who will be expected to help implement quarantines and related actions that may deny the freedoms of local residents, and as members of the local community with families, relative, and neighbors who need to be educated and prepared to prevent and respond to biological events. This dual status of local police during such security episodes calls on emergency planners, government officials, and public health and law enforcement leaders to work well ahead of events to address officers' potential concerns and to ensure that the local community understands well and is prepared to assist local police in their protective duties if an emergency occurs.

Unfortunately, the literature holds few clues or offers little evidence that either emergency planners or law enforcement leaders have begun to pay much attention to these potential challenges. Actually, existing research and policy and planning documents point in the opposite direction. Top-down plans appear to understate the role of the public and local communities in preparing effectively and constructively for emergency events. One consequence of this neglect is to place local law enforcement officials in a precarious position. Police are placed in the potential role of outside enforcers, rather than participating members of the same community. These top-down expectations and plans undermine the years of hard work that police forces have undertaken across the Nation under the guise of community-policing to establish and maintain positive, proactive relationships with local residents. They also place officers and their families at risk, expecting them to behave during an emergency in a way that, for many, will be highly improbable.

Perhaps most importantly, ineffective planning will increase the likelihood that the police will need to use force to implement and maintain quarantines in a

situation where the public does not understand what is expected of them and will challenge even the well-intentioned public safety steps that police will undertake. The existing literature indicates that plans are drafted based on worst-case scenarios, and on the assumption that the public will panic during an emergency.⁸ If correct, the police will be the frontline authorities to face the resulting chaos. Some researchers, however, challenge these expectations and expect more from the public.⁹ Yet, the ability and likelihood of constructive action from the public depends on its knowledge, understanding and preparation.

⁸ Glass and Schoch-Spana, "Bioterrorism and the People", 217-218

⁹ Ibid.

II. LITERATURE REVIEW

The Nation has been on heightened alert for a bioterrorism attack since the events of 9/11. Recently the World Health Organization (WHO) has warned of an impending pandemic, primarily responding to the Avian Flu - H5N1 flu strain.¹⁰ Any plans targeted to bio-events, therefore, should be drafted from an “all-hazards” perspective to include a natural pandemic and/or a bio-terrorism attack. The Avian Flu has the potential to kill millions of people and to date there is no known vaccine, although there is an anti-viral (Tamiflu) available in very limited quantities that offers some level of protection. The WHO predicts a 25% rate of contraction for those exposed to the Avian Flu, while other scientists are predicting a 50% contraction rate.¹¹ In the United States, the number of fatalities from the Avian Flu is anticipated to be 500,000 or more.¹² It is essential that states develop plans to prepare for a pandemic and strategies to ensure compliance with those plans.

The number of bio-terrorism attacks worldwide has been relatively small, as have the number of related fatalities in each. Therefore, the vast majority of literature on this topic is based on a number of historic epidemics and pandemics. One of the last and most significant pandemics occurred in 1918.¹³ Perhaps because of this paucity of real life experiences, according to Glass and Schoch-Spana, bio-disaster plans have been and continue to be drafted from the position of worst-case scenario with the “belief that panic and civil unrest are likely in the aftermath of a bioterrorist attack.”¹⁴

Much of the literature is in agreement that, when government officials draft disaster plans, they do so with the underlying assumption that people will panic in

¹⁰ Margaret A. Hamburg, M.D., et al., “A Killer Flu?: Scientific Experts Estimate that ‘Inevitable’ Major Epidemic of New Influenza Virus Strain Could Result in Millions of Deaths if Preventive Actions Are Not Taken,” *Trust for America’s Health* (June 2005), 1.

¹¹ *Ibid.*, 4.

¹² *Ibid.*, 1.

¹³ *Ibid.*, 2.

¹⁴ Glass and Schoch-Spana, “Bioterrorism and the People,” 218.

disaster situations, and will behave irrationally and be uncooperative.¹⁵ Glass and Schoch-Spana refute that assumption and repeatedly cite examples of disaster incidents where the public demonstrated a collective ability to refrain from panicking, while relying on their resiliency, and reversion to customs and norms in crisis situations.¹⁶ Glass and Schoch-Spana cite the incidents of 9/11, Washington Sniper incident and Anthrax attacks as evidence that the public has the ability to remain calm and to adapt and cooperate in crisis situations.¹⁷ DiGiovanni, Glass and Schoch-Spana agree that the public needs to be included in the drafting of any disaster plans and that leaders have to actively engage the public in the collaborative social responsibility for the outcome of the crisis, by supplying them with information on how to prevent the transmission of the disease and care for each other and, in the event of a bioterrorism attack, imploring them not blame those who resemble the attackers or to stigmatize those who become contaminated.¹⁸ Schoch-Spana also suggests that planners consider using survivors of the disease as a volunteer workforce since they will most likely be immunized.¹⁹ This proposal is not mentioned by any other author, yet it seems an excellent idea.

Numerous studies show that the media plays an important role in affecting a community's response to crises. There appears to be a consensus in the literature regarding the media and the need to forge good relationships in advance, and to deliver timely information during the crisis.²⁰ The results of one prospective study of a simulated outbreak found that the media is essential in a disaster situation. Yet, the same study also found that the media also "exhibited more fear than any other group except spouses, made high demands for vaccine, and had the poorest understanding of medical issues associated with

¹⁵ Glass and Schoch-Spana, "Bioterrorism and the People," 217.

¹⁶ Ibid., 217, 219.

¹⁷ Ibid., 217.

¹⁸ Ibid., 218-222, Working Group on 'Governance Dilemmas' in Bioterrorism Response, "Leading during Bioattacks and Epidemics with the Public's Trust and Help," *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 2, no. 1 (2004), 26.

¹⁹ Hamburg, "A Killer Flu?", 8.

²⁰ Glass and Schoch-Spana, "Bioterrorism and the People," 221.

[disease].”²¹ If this study is demonstrative of the reaction of media in general in a natural biological disaster, then the question is what should public officials and mainstream media be doing to address the issue of fear in advance of a bio-disaster – especially since all are in agreement that the media is an integral part of communicating messages to the public? The literature is unclear in this area.

Protection of citizens’ civil liberties also appears essential in preparing a community to respond to a disease-related event. The Working Group on “Governance Dilemmas” determined that government officials should protect civil liberties using the least restrictive means to limit contamination and contain the infectious agent.²² There seems to be consensus among the writers to some degree regarding the draconian concept of quarantine as the least effective strategy in an epidemic. Most articles discuss it in context with civil rights and agree it should be a measure of last resort. The Working Group, referenced above, was basically a summit of experts in every field that would be involved in a pandemic situation. They concluded that any restrictions on civil liberties must be done in a transparent and equitable way and only when absolutely necessary.²³ They also cautioned “[l]eaders [to] be well-advised to avoid investing scarce public health resources in altering the actions of a few through force, at the expense of disregarding the majority of people who are willing to cooperate, especially if given compelling reasons to do so.”²⁴

Law enforcement is of course a crucial element of a safe and orderly community, and how it responds to a disease-related crisis will seriously influence citizens’ behavior. Law enforcement will be expected to enforce quarantine, if imposed. There are many questions that are not answered by the literature. For example, in order for quarantine to be effective, will compliance have to be voluntary or, if not, how will it be enforced? What is the level of force permitted? Nothing in the literature considers the various issues related to when

²¹DiGiovanni, Jr., et al., “Community Reaction to Bioterrorism,” 711.

²² Working Group, “Leading during Bioattacks,” 26.

²³ Ibid., 25, 31.

²⁴ Ibid., 31.

and under what conditions law enforcement officers will be justified in using lethal force and, in its absence, how they will be able to enforce quarantine orders. What are rules of engagement? What are the moral ramifications?

The majority of the literature that discusses quarantine does so from the position that a vaccine will be available from the onset of the epidemic or as soon as public health officials determine the causative agent. If that is the basis from which plans are drafted, it means the number one priority of public health and government officials will be how to quickly dispense the vaccine to the public in order to halt the epidemic.

However, the unanswered question is whether quarantine has any value and perhaps is even necessary if vaccines are not available. That may be the case if the Avian Flu strikes United States, as there currently is not a vaccine and there may not be one until approximately 6-9 months after the pandemic emerges.²⁵ Does this fact change how public health officials will view the issue of quarantine? What will law enforcement be expected to do if vaccines are not available. How will officers respond? The literature does not address these issues.

Some of the literature addresses stigmatization in connection with quarantine. The Working Group found that “fear of being ostracized [wa]s a strong incentive for people to hide disease, possibly injuring themselves or, in the case of a contagious illness, those with whom they come in contact.”²⁶ It would seem that any attempt to develop quarantine plans would have to take into consideration the stigmatism associated with it. The Working Group also cautioned officials to be careful not to confuse a lack of willingness to comply with health orders, with the inability to comply.²⁷ It is possible that segments of the population will feel that they have no choice but to work, to put food on the table and to pay rent, which will inevitably result in violations of public health

²⁵ Hamburg, “A Killer Flu?”, 7.

²⁶ Working Group, “Leading during Bioattacks,” 32.

²⁷ Working Group, “Leading during Bioattacks,” 31 and Glass and Schoch-Spana, “Bioterrorism and the People,” 221.

quarantine orders to shelter-in-place. The lower socioeconomic segment of society may not have sick-leave or savings to draw upon in a bio-disaster/pandemic. Clearly, there will also be language issues that will further exacerbate the issue. This raises another question: what can public officials do in the planning stage to create financial incentives or to address continuity of life issues so as to encourage the public to comply with public health orders to shelter-in-place?

The Working Group, Glass and Schoch-Spana are in agreement that it is imperative to release information about the plan and the type of agent involved early to aid in minimizing fear and stigmatization.²⁸ One area where the articles disagreed, however, is who should be the spokesperson, the one to release that information, during a biological disaster. Most articles generally advocate for a trusted public official as the spokesperson. However, the results of the prospective study of a simulated outbreak were that before the disease was identified, all groups wanted information to come from public health officials, responders wanted information to come via their respective chain of command, and “none of the participants we[re] satisfied to receive information from federal authorities only.”²⁹ The same study also revealed that as the situation became “more complicated and personally threatening” the participants wanted to hear from local officials or federal officials at the site of the outbreak.³⁰ Other simulated exercises should be conducted to determine if the results of the exercise are an accurate reflection of the public’s response, law enforcement’s response, etc. and would it be the same for each part of the United States? These results are significant when developing a bio-disaster plan and each jurisdiction should carefully consider who to designate as a spokesperson since gaining the trust of the public as early as possible is essential to an effective plan.

²⁸ Working Group, “Leading during Bioattacks,” 30.

²⁹ DiGiovanni, Jr., et al., “Community Reaction to Bioterrorism,” 710.

³⁰ Ibid., 711.

Across the spectrum of disciplinary perspectives on strategies for a biological emergency event, a consensus emerges that the general public needs to be included in the development and implementation of any response plan. Yet, not much is known about how to use the public as an additional resource. The underlying assumption in all of the literature, for example, is that law enforcement officers will report to work, be available to respond to calls for service, and assist public health through out the bio-incident with security and quarantine issues.

A review of the literature also underscores that researchers disagree as to who the spokesperson should be during a biological emergency. It may be that each jurisdiction would have a different response, perhaps reflecting the level of trust held in the community between various institutions and groups. Hamburg mentions, for example, that public officials need to be prepared to address the economic issues before and after an event, as well as issues surrounding closed businesses and schools during a bio-disaster.³¹ None of the authors, however, develops this issue further. Yet, this would be a monumental problem in a bio-disaster, especially where a vaccine is not available. The lack of a vaccine in a biological disaster may create a brand new situation with which to involve the general public.

Overall, the literature is weak on identifying public needs and the methods government leaders should use to include the public in addressing continuity of life issues. Continuity of life issues are those issues that the public will need to have addressed in order to be able to comply with requests of the government to quarantine or shelter-in-place (such as food and medical needs) and economic concerns (such as paying bills and sick leave from work). If the government were to address these issues in advance and make the public aware of how each would be handled, perhaps the public would be likely to trust officials and comply with related requests to self quarantine. A few authors allude to the need, but

³¹ Hamburg, "A Killer Flu?", 3.

there is little written on this subject.³² Resources will be scarce and law enforcement manpower will be better spent handling public service issues other than quarantine. Therefore, it is essential that plans be developed now that include input from the public and law enforcement, roles for the public, crisis communication training, and methods to address continuity of life issue – all in an effort to minimize the need for large-scale government ordered quarantine.

There also does not seem to be any information available on law enforcement in general and how they will respond in a bio-incident, what their expectations will be of government, and how much force to use to enforce quarantine. Law enforcement is likely to have many of the same concerns as the public, as disease is not something they are accustomed to dealing with.

The remainder of the thesis will explore several features of law enforcement officers' willingness and ability to respond to bio-disasters. After describing the methodology used to collect the views of law enforcement officers, the following chapter explores the perspectives, concerns, attitudes, and suggestions of first responders, the police officers who will be on the front line during a biological incident. The purpose of the chapter will be to highlight the expectations of the officers regarding the government and the public, as well as the needs of law enforcement in order to be able to respond to work during a biological crisis. This section will also include an interview with a leading government official in order to determine the expectations of the official in regards to law enforcement personnel during a biological incident and further to obtain his reaction to the results of the focus groups. The following chapter is a summation of the research results obtained from the officers in the focus groups and the interview of the government official. The recommendations section is the result of the analysis of the research, combined with some suggestions and ideas of the officers, and includes a strategic plan intended to address the issue of

³² Monica Schoch-Spana, "Educating, Informing & Mobilizing the Public," in *Terrorism and Public Health: a Balanced Approach to Strengthening Systems and Protecting People.* (New York: Oxford University Press, 2003), 125.

family safety and public expectations. Both of these, if addressed early and correctly, will greatly enhance the ability of the officers to respond and their effectiveness during a biological event.

III. METHODOLOGY

A. INTRODUCTION

The willingness and ability of law enforcement officers to prepare for and to respond appropriately to bio-disasters is difficult to determine in the absence of historical experiences. One way to obtain a better understanding of their propensity to act, however, is through in-depth discussions with officers in a safe environment where they can express their own views and concerns, and listen without worry to the views of similarly situated compatriots. This thesis used a focus group methodology to create such an atmosphere of reflection and group exchange.

The purpose of focus group methodology is to gather information that may be “use[d] to generate valid information important to the advancement of programs, communities, and organizations.”³³ Focus groups allow the researcher to listen not only to information conveyed, but also to the emotions, attitudes, and thoughts, to better understand the “meaning behind the facts.”³⁴ In a situation where it is important to understand in some detail “why” people hold certain views, survey methodology is largely ineffective. Surveys determine with a good deal of rigor what people think about certain issues, but not why.

B. FOCUS GROUP – SAMPLE SIZE

Groups of 10-13 law enforcement officers were selected to participate in four separate focus groups in four separate locations. The composition of the focus groups was designed to represent the average law enforcement first responder – the type of officer who during a biological incident would be called to the scene, or who would have responsibilities directly related to the event. Uniformed patrol officers generally of the rank of sergeant and below were

³³ Focus Group Fundamentals, <http://www.extension.iastate.edu/Publications/PM1969B.pdf>, Last accessed on 01/18/07

³⁴ Ibid.

selected to participate in the four focus groups. In some departments, a lieutenant is the equivalent of a shift sergeant and in those instances he or she was also included.

C. FOCUS GROUP – SCHEDULES AND GEOGRAPHIC LOCATIONS

Four focus groups were held between August and October 2006 that included law enforcement officers from several counties and two states. This variation ensured that officers involved in the discussions had different local governments and leaders who may have taken very different approaches to preparing them for a biological incident. The groups included from 8 to 13 participants and were drawn from among officers in patrol or investigations. The opportunities to conduct the focus groups ranged from off-duty, pre-arranged sessions, to educational classroom sessions or on-duty conference room sessions. All group discussions were conducted with the permission of the command staff of the involved agency or the professor of the involved university.

The initial plan was to work with three focus groups reflecting different levels of law enforcement authorities. However, after conducting 3 focus groups using law enforcement officers from Maryland, a fourth focus group was conducted with officers from Virginia in order to ensure that the initial answers received from the Maryland groups were not unique to Maryland. The participants represented various departments neighboring on metropolitan areas. The size of these departments ranged from 173 to over 2000 officers. The populations to which the agencies were responsible to provide public safety service ranged from 220,000 to over 1 million. Each of the groups was comprised of men and women, African Americans, Hispanics, and Whites. The ratios of gender and ethnic participants were comparable to the corresponding ratios on the respective departments. The overall composition of the focus groups was a fair representation of their departments and of those that would be expected to respond in and to a biological event.

In seeking to capture the current knowledge and thoughts of law enforcement first responders regarding these issues, focus group participants were selected at random and without prior knowledge of the purpose of the

discussion. Each focus group was arranged with the assistance of a member of the contributing agency or university in the case of the training session. Participants were selected randomly with the criteria being that the candidates had to be law enforcement first responders of the rank of sergeant or below. The candidates were not told the exact nature of the focus group pre-meeting or the questions that would be asked and did not have time before the session to begin to elicit their peers' opinions on the range of issues covered during the discussion. Participants were given an opportunity before each session to share general personal information, relax and meet each other. The sessions were held in informal settings and, once assembled, participants were seated in a circular fashion, facing inward, in order to see and speak to each other.

The participants were assured confidentiality as far as name attribution in regards to particular quotes in the thesis, and each member was asked to do the same in regards to continued discussion outside of the focus group. All agreed to the terms as set out.³⁵

D. LEADERSHIP PERSPECTIVE – A PERSONAL INTERVIEW

To help put the views of the rank-and-file officers in perspective, a personal interview was conducted with a County Executive of a large County in the National Capital Region (NCR) within which some of the focus group participants lived and worked.³⁶ This County Executive is the equivalent of a mayor of a city. He is the highest ranking elected official of the jurisdiction. In the event of a county emergency, such as a biological incident, the public is likely to look to its highest ranking elected official for information, which in this case is the County Executive. In turn, the County Executive would have certain expectations of law enforcement during such a crisis. During the interview, the County Executive was asked a set of questions regarding the state of readiness of the County for a biological incident and the expectations of government in

³⁵ See Appendix A for the Focus Group Questions

³⁶ See Appendix B for the Interview Questions.

regards to law enforcement in such a situation. After the County Executive answered the questions, he was briefed on the cumulative results of the focus groups.

The value of this interview for this study was to determine what a senior, publicly-elected official thought about the government's expectations and preparedness for a bio-disaster and his views on what the rank-and-file law enforcement officer expressed about the government's readiness. The combination of documented perspectives provides a rare glimpse into what an elected official, and rank-and-file officers, think about each other's views on emergency preparedness. The gap in their views that emerges is a compelling insight into the challenge that faces all emergency planners.

IV. RESULTS AND ANALYSIS

The focus group discussions contained questions designed to encourage initial, non-threatening conversation among the participants. The questions progressed to more intense questions that were meant to stir debate and encourage participants to reflect upon their own views. Each focus group was asked the same series of questions, followed in several groups with prompts to expand the discussion in order to clarify an answer or to drill deeper for the reason for the initial answer. The answers from each focus group were broken down into particular themes and compared and contrasted with each other. At the end of the discussion, each group was given the opportunity to give recommendations and suggestions regarding the topics. These themes included, but are not limited to, expectations of the public, responsibilities for quarantine, use of force, bio-response plans, and issues that influence an officer's decision to respond to work.

A. OFFICERS' FAMILY PLANS, COMMITMENTS AND OBLIGATIONS

Initially, the officers were asked about their families and other obligations in their lives that might affect their on-the-job performance or their ability to respond to work. The intent was to determine the influence of these factors on the everyday job of an officer. After some discussion regarding the impact of family and other obligations on the average work day, the discussion moved on to how a biological event might affect the officer's work, family, colleagues and community to determine what impact a crisis would have on the officers' decisions.

When it came to the impact the family had on an officer's daily on-the-job performance, officers with children had more dramatic responses compared to those who did not have children. Most officers described their attitudes at the beginning of their careers as aggressive and somewhat reckless, when responding to dangerous situations. By their own admission, their attitudes changed, often after they married, and almost always after they had children.

Most officers with children or expecting children have reassessed the risks they take that are associated with the job. They described how children become a factor that is now calculated into the mental risk analysis that is done when responding to calls for service. An officer described how having “twin boys [made him] more focused on the road. [He] used to be more reckless and take more risks – but thinking about going home to kids and family has made [him] more cautious.” The officers discussed the responsibility they have to their children to be there for them as they grow up. They were also concerned about what they might inadvertently bring home to their families.

Some officers did not give much thought to hazardous materials before they became parents. One officer said that, prior to having children he never paid attention to what he stepped in, or what might be on his shoes, referring to stepping in blood on a crime scene. However, at least one officer described being concerned about what he brought home on his shoes. He feared walking into the house with his shoes on and walking onto the carpet where his son crawled unprotected daily. The officer described his feelings as follows:

Even now when I come home, I think what is on my shoes and I never considered that before I had kids . . . Every month or two, I have letters in my box about exposure [HIV, Tuberculosis, etc.] and I just feel sick . . . I have to think how many weeks was it, did I take my shoes off, I don't know. . .

Responsibility for a child was not the only familial responsibility that had a dramatic impact on the officers when it came to reducing risky behavior. The officers who did not have children acknowledged concern for their spouse. They indicated that their spouse was in their thoughts daily and that marriage alone had curbed some of their early risky behavior. This impact was especially true in families comprised of a husband and wife who are both police officers. A few officers were also married to a nurse or other public service worker. They discussed the difficulties they have when a crisis occurs at work, especially in terms of who will stay with the kids and who will go into work. Several officers in this situation explained how the nature of the crisis or event often determines which spouse, based on their expertise, would go to work and which one would

stay home with the children. For these two-officer families, a law enforcement crisis that would require both to respond would greatly exacerbate their child-care situation.

Yet, even though these officers voiced concern for family members, especially children, many did not have a family plan or emergency stockpiles in the house. When asked if they had a family emergency plan or a stockpile of food in the event of a natural or man-made catastrophe, the vast majority responded that they did not have either. A very small minority had a full stockpile of food and water in the basement, and/or a plan detailing where all of the family would meet or a location to call in the event of a catastrophe. Based on family size and the size of the stockpiles, the officers who did have an emergency plan determined that they would be able to sustain their family from 3 days to 4 weeks. For example, in response to the questions about family planning, one officer responded, his:

...family plan is that there is 4 weeks of food in the basement, weapons, duct tape. Other than that [he] has the truck – [he would] call the wife, [have her] put the kids in it and drive to Pennsylvania. [He] even went out and bought an ethanol truck in case the Middle East oil thing goes crazy.

Given these concerns about family responsibilities and family protection, the focus group discussions turned easily toward what officers would do in case of a biological incident. Several officers responded that in such an event they were prepared to take their family somewhere “safe”, primarily to another state. In this case, the officers claimed they would seek safety outside of Maryland and Virginia, taking their families well into the rural areas of Pennsylvania or West Virginia. Initially, the discussion did not clarify why the officers thought that they could take their families somewhere “safe” in response to a biological incident. However, later exchanges made clear that most of the officers conceptualize of a biological incident in the same way as they do a chemical spill or an anthrax release in a building. These latter, more familiar events are immediately containable and, therefore, allow time to leave the scene and subsequently return. Some officers, but not many, understood the implications of a biological

incident similar to a pandemic or an undetected biological release and the realities that the damage might not be discovered for days – long after people had began to show signs of the disease. The way the officers conceptualize of a biological incident may also be why officers who clearly care about their families had not made a family plan in order to protect their family during a biological attack, because they believe there will be a “safe” place to take them.

The officers clearly care about their families, spouses and children, and they seem to think about them, often explicitly but also implicitly, when making decisions involving risk-related behavior. Hence, it was not surprising that the safety of the family was paramount in determining whether to respond to work or not during a biological related incident.

The officers were deeply concerned about family in their normal jobs, regardless of any reference to an emergency. Not surprisingly those concerns are multiplied when faced with an emergency. A lack of understanding of what the risks are, however, greatly complicated the ability and willingness of officers to respond to an event, and strengthened the propensity for them to take care of their families first. In the case of a bio-disaster, this concern for family, in the context of alternate information, could easily lead to chaos-creating decisions to remain away from work and to seek safety in areas from which they would not be allowed to return to their original duty area.

The officers were then asked if, in addition to their family concerns, how they perceived the role of law enforcement in the event of a natural epidemic or pandemic or a man-made biological attack. Reflecting a misunderstanding far exceeding instances concerning only their families, these officers said they did not understand what would be required of them in general during a biological incident. Most indicated that they would be looking to the leadership of their respective departments for guidance. There were a few SWAT officers who had more advance training and they indicated that they would be “going where ever the problem is.”

Most of the focus group participants indicated that they expect to receive assignments when an incident occurs, not in advance. They expected to be reactive, not proactive, and many believed they would be in the “hot zone”. This anticipation of facing a contained situation or hot zone reinforced the perception that these officers did not understand the different potential scenarios posed by a biological event, during which the risk may not be immediately known and would be very difficult to contain successfully.

The officers, however, were not totally uneducated about bio-disasters. Most group participants, for example, had some information regarding the Strategic Pharmaceutical Stockpile, even if they did not know it by name. Officers stated that they had been given some indication by their department that they would be involved in conducting security at vaccine clinics. Two officers said that they believed that the majority of law enforcement functions would no longer be done in a bio-incident, that security would be their main function:

. . . basically fall into security related details. Law enforcement [would be] suspended – investigative units would suit up. They won’t be investigating robberies, crashes, whatever . . .

Clearly, the majority of officers believed that they will be responsible and primarily involved in efforts to keep order, quell riots, protect hospitals, and assist with egress out of cities. At least one officer brought up the issue of quarantine, in terms of “secur[ing] the area that we think is infected.” Each group discussed the impracticality of evacuating cities and some gave examples, real experiences or exercises, of failed attempts to evacuate. They opined that the nature of traffic in the National Capitol Region (NCR), which is the general area in which many of these participants worked, is such that evacuation will be chaotic. They held little faith that an evacuation in this area could be effective. One group discussed plans to shut down interstates and funnel people into the fair grounds where decontamination would be set up. Those familiar with this evacuation plan believe it is doomed to fail because of the everyday chaotic traffic situation in that given area.

Overall, though, these officers admitted holding a measure of blind faith in the preparedness plans. Several officers said that, although they had never seen a plan, nor had they been told for sure that one existed; they felt confident that there must be one and they were hopeful that the command staff would be sharing it with them soon. Many indicated they were hopeful that there would be an opportunity to be heard regarding the plan, once it was released. Blind faith, coupled with family responsibilities and lack of knowledge about what to do, do not make for confident law enforcement officers willing and able to respond to bio-disasters and fulfill their critical tasks.

B. OFFICERS' EXPECTATIONS OF THE PUBLIC DURING A BIOLOGICAL EVENT

Officers were asked about how they expected the public to react in a bio-attack or naturally occurring pandemic situation. The overall responses were not optimistic; the general consensus was that the public would panic and/or over react, clogging the 911 system; to some degree officers expect the public to become disorderly, potentially rioting. The response of two of the officers was that there is the “[p]otential for mass panic, and [people will] [f]reak out. . . . be hysterical.” One officer was adamant that “[t]here will be people breaking into your house” – to try to take issued bio-packs. There was apprehension that people will be concerned only about themselves and their families, rather than about each other and their neighbors. One officer said, “[t]he old people with asthma – they are done for.” Most of the officers can only foresee chaos, panic and a lack of control – what they deem to be an unmanageable situation.

The collective basis for their opinion seems to be based on what happens during minor incidents; they are blown out of proportion by the media and the public. Much of the officers' expectations that the public would panic was based on their individual experiences within their respective agencies during quasi-critical incidents, such as car accidents, bad storms, and power outages. Another officer described how a “really good accident” will overload the communications center with voluminous and repeated calls for assistance. These incidents generally overwhelm the emergency communications

dispatchers and create a backlog of calls to police stations. The officers used the behavior they have witnessed during minor incidents to analogize as to how the public will respond in a major incident, such as a bio-attack. One officer recalled what happened in his jurisdiction on September 11, 2001 and expects that the same thing will happen, “the [p]hone lines will be jammed up, and you won’t even be able to get through, just like 9/11.”

Several officers stated that they expected that family would be a priority with the public, just like it will be for the law enforcement. Some officers voiced concern for those members of the community who do not have family members to care for them; one even said, “they (the public) are going to take care of their own family first, and if they are busy evacuating their own family then they aren’t checking on the 80 year old lady down the street.” Generally, the group participants agreed that they could not condemn the public for doing the same thing they would be doing – taking care of their families. During this part of the discussion, the officers recognized that the need to protect and be with family members is going to force people to choose between following government instructions and their own instincts, which is likely to result in chaos. There was some discussion regarding the fact that there will be people who insist on going to the schools to get their children, notwithstanding instructions to the contrary. There will be members of the public who will want to locate or be with loved ones who are being held in quarantine. Officers appeared to be sympathetic to the plight of people during a crisis, while predicting that these same normal human responses are going to make it difficult for them to do their job.

Additionally, as secondary support for their position that the public will panic during a crisis, a few officers referred to the public’s response during Hurricane Katrina as an example of what to expect in a biological crisis. One officer said that we can expect to see two types of people - those that are scared, panicking and don’t know what to do, and those that will take advantage of the situation. Some said that they anticipate that there will be “a run on pharmacies, hospitals and stuff like that – people will be self medicating.”

Yet, there was one officer who forced the members of his focus group to consider the citizens in New Orleans who took it upon themselves to stay and help to rescue people and to assist in whatever way possible. This officer felt strongly that there are people who will be assisting police officers during a crisis, and he said, “[a]t that point, those people . . . became police officers.” This same officer explained how the officers who stay behind to work during the crisis would need to join up with ordinary citizens who elected to stay and help, while other officers would leave to take care of their families. He was careful to point out that no one should blame an officer for whatever position he took – to protect his family, or to come to work. Others acknowledged that there were some citizens who stayed and helped in New Orleans, but they felt that there were too few and there was no way to know if that would happen – they could just hope it would. Collectively, there did not seem to be much faith in the public to remain calm during a biological incident, although clearly at least one officer recognized that not everyone in New Orleans panicked during hurricane Katrina.

The officers collectively believe that the public relies too heavily on them for everything, because they are readily available 24/7; officers respond to the location of a problem, usually within minutes, and they generally fix the problem, if only temporarily. At the end of each focus group there was a discussion on how to prevent such extreme reliance on law enforcement in the future, and those recommendations, suggestions and ideas are included in both the Summary and Recommendation chapters.

C. OFFICERS’ EXPECTATIONS OF GOVERNMENT

The officers were asked to describe either their direct knowledge or perception of the preparedness level of their respective police departments, as well as the government in general, to respond to a bio-incident. In response, the officers commented on plans, exercises and equipment issues.

The responses ranged from knowledge that there were plans, without knowing what the plans actually entailed, to a majority belief that there were no plans at all. Some departments seem to have better equipped their officers, but many officers had little faith in or understanding of how to use their equipment,

and there were some who had not been issued some of the specialized equipment. The exception appeared to be the specialized units (SWAT, CDU, etc.), most of whom had received the necessary equipment and additional training.

Most of the officers voiced a lack of faith in their respective departments to properly prepare them for a bio-incident. This appeared to be based on a lack of knowledge regarding any bio-response plans and to some degree on the inability of some departments to properly equip officers with the everyday needs of a police officer, such as a police car. The statements made by the officers in response to the questions about the preparedness level of their own department ranged from “lack of trust” in the command staff to blind hope that there was a great deal of planning that had already done of which they were not aware. The lack of trust expressed by some appeared to be based on the failure of some agencies to have what officers perceived as a plan of action for their respective agency on September 11th, as it pertained to them. Officers discussed the feeling of vulnerability, of being scared and of feeling ill equipped to handle an attack by a plane.

One officer described how she was working in D.C. on the midnight shift and when she came in she expected that there would be a plan, that she would do something productive. However, when she came in she had a uniform, but no car. She was dropped at the Convention Center where she spent 11 hours playing cards and once an hour she had to walk the perimeter. Another officer described how he was scheduled to work 11 a.m. – 11 p.m.; officers were assigned 5 to a car and told to ride around and be available, to go do field interviews, watch movies or play cards. The officer stated “we didn’t have anything to do.” Another officer described how his command staff put snow plows around headquarters. He used this analogy to support his position that the command staff does not know what to do and that they can not be depended on in a crisis situation. These examples served to support their concern that their agency did not have a plan and would not know what to do in the event of a bio-incident.

The officers were also given assignments that did not make sense. In the officers' opinions, what appeared to be seemingly insignificant assignments diminished the credibility of the issuing officer and the department. It is unclear whether their supervisors had a basis or not for the assignments given. However, these officers certainly wanted to know the basis or significance of an assignment or an order. Law enforcement is a paramilitary institution and, as such, officers usually do what they are told or ordered to do. However, generally speaking, if an officer is told the value of the assignment and its significance to the mission of the agency, he or she is more likely to do the assignment, do it right, and respect the decision of the issuing officer.

The majority of officers, regardless of their rank or group responded that they did not know what their agency was doing to plan for a bio-incident. Yet, these same officers maintained faith that their agency was working on a plan, or perhaps had a plan of which they were just not aware. A few officers were aware that their agency was working on a bio-response plan, but they had not seen the plan, nor were they privy to the contents. The following represents the officers' observations: "we did something in in-service", "[h]opefully there is some kind of plan in place." One officer actually thought there was probably a plan of which the command staff was aware, but that it hadn't "trickle[d] down to the people who are going to be involved." Other officers also expressed concern that whatever plans there may be were probably based on the command staff's expectation that the public will comply with orders to evacuate in such a way that evacuation will be effective. The officers were concerned that if there were such plans, those plans may have been drafted without realistic expectations of the public.

Clearly, any agency may not want to make their bio-response plans public for security reasons. Terrorists may exploit the weaknesses identified and knowing what officials may do could increase the chances of a successful attack. Still, in many cases, agencies still simply do not have a plan to share with the public or with their own law enforcement officials. These first responders

expressed concern regarding what they perceive as a lack of preparedness on the part of their departments, whether valid or not.

The availability of equipment is also a problem. Clearly, some departments are better equipped than others. Officers voiced concern about both the quality and adequacy of equipment issued. One officer was very concerned because he did not have a mask and others did. Another officer described his own particular handicap, which is clearly not unique. He said that he could not see without his eyeglasses, but when he was issued the mask, the expert insisted that he remove his glasses to be fit tested. The expert also told him that the mask will not fit properly with the eyeglasses underneath. So the officer was left with the dilemma of not to wear the mask so that he could see, or wear the mask and lose clarity of sight. He described it as leaving him feeling “helpless - with or without it (the mask)”.

Additionally, the majority of officers who were issued equipment have not donned it in a number of years. They believed their WMD equipment to be in a bag or a suitcase in the trunk of their vehicle, but many had not seen it in years. Officers from another department described how they were fitted for special suits a few years ago, but they were not issued the suits. The suits are all stored in a van and officers did not know if there are enough suits for everyone. It seemed that in almost every jurisdiction (represented in the focus groups) members of SWAT and CDU were issued their own suits.

The issue of equipment is difficult because of budgetary considerations. However, where suits were issued, officers did not have the same level of comfort with their WMD equipment as they do with their crime fighting gear. Each group talked about being unsure of how to or in what order to don the suits. If agencies make officers practice and train with their crime fighting gear to a high level of confidence and competence, why would they not do the same with the WMD gear? Every first responder feels they should be issued adequate equipment to protect themselves, even if that means fitting them with a mask. Certainly, there is an expense involved, but the sentiment of those who are being

passed by for issued and/or appropriate equipment is that the department does not value them as individuals. This can hurt morale, as well as the credibility of the department.

Only a few of the interviewed officers also reported having exercised a plan. There were so few officers that had any idea if a plan existed or not that during the discussion it was decided to move on to discuss WMD exercises in general. One officer described an exercise that was done shortly after 9/11 at a football field where they created placards and arrows to direct people on how to evacuate the site. He indicated that “it was a giant disaster, cluster, mess.” He went on to say that it was “completely unsuccessful and that officers were not prepared”, “some didn’t have masks, or suits or anything.” Another officer described how at his department “they announced a bio-drill, and after the exercise, everyone died.” He was confused as to the point of the drill. Some officers also voiced concern about potential disparity in treatment in the event of a biological event. These officers were of the opinion that the government would take care of a “chosen few”, citing the example of how members of Congress got the “best meds” during the anthrax attacks. Those same few officers seem to believe that it would be the politicians who would be saved and indicated that “they (the government) have a plan for [the chosen few and], they don’t have a plan for us.” As the discussion developed, others chimed in that they expect there to be a “sacrifice of a small group so that a bigger group could survive.” One officer indicated that he thought that the ones who would be sacrificed would be public service folks like police, fire and military.

Although this discussion involved only a few officers, the evidence they used to support their position came from a real situation (the Anthrax attacks involving the different use of the drugs Cipro or Doxycycline). One of the officers expressed the point this way: “[w]e need a plan about what to do – [because] if we are in disorder and the public [is] looking to us – how much worse will it be if we don’t have direction?”

If law enforcement department leaders were to discuss their plans with the first responders in advance of an incident, it might help to curtail some of the fear, apprehension and extreme thoughts that some officers have about what to expect during a bio-incident. There did seem to be an underlying fatalistic view of such an incident, much of which appeared to be based on a perception of a lack of preparation on the part of the agencies and the government in general. One officer summed it up as follows:

I have a feeling that instead of us being beacons of directions, I think these plans are going to collapse on themselves and we are going to find ourselves being fire bases – officers in the districts in with the leadership and when it is necessary to venture out we are going to venture out in a big team and do what we have to do and come back. I don't think we are going to concern ourselves with looting and I don't think we are going to concern ourselves with violent crime. I think we are going to concern ourselves with if something serious needs to be done about moving a group of people from this place to that place, we are going to send enough officers to perform [the task] to get them moving, just basic combat patrols.

The negative perception of officers regarding what will happen in the event of a bio-incident is a warning to agency leaders that should be urgently addressed. The best way forward is to have a good plan, practice it with those who will be the first responders, learn from the mistakes and exercise it again until failure is eliminated. Agency leaders must then ensure that every first responder has adequate, effective and if necessary personalized equipment and have them practice using it to a high level of comfort.

D. OTHER ISSUES AND CONCERNS THAT WOULD INFLUENCE AN OFFICER'S DECISION WHETHER TO RESPOND TO WORK DURING A BIO-INCIDENT

During the focus group discussions, several potential issues were explored that may influence the officers' decision whether to respond to work during a bio-incident. Much of the discussion centered on the number-one priority, the safety of the family. Other issues were injected into the discussion to determine how they would influence the decision, such as sense of duty, availability of a vaccine, and the fatality rate of the biological agent.

1. Family Safety

Throughout the focus groups there was much conversation regarding making the family safe that seemed to center around taking them physically to another area, a neighboring state for example, that would somehow be contaminant-free. The officers discussed a bio-incident as if it were similar to a chemical spill, as if the only possible bio-scenario would involve a contaminated area that could be contained – a hot zone with a defined perimeter, localized in a one place, with no degree of contagion. Most officers did not seem comfortable conceptualizing of a biological agent injected into society through any means other than an explosive and in a situation where symptoms would begin to appear days after contamination occurred and make an entire community an “unsafe place.” These officers had difficulty conceptualizing a pandemic event altogether. Two of the focus groups each had an officer who had some additional knowledge of biological incidents, either because he was married to a nurse or had extensive outside training. These officers were able to explain to the group that a biological incident was different than a chemical attack in that potentially it could be days before anyone would be aware that an attack had taken place, and it would be very difficult to contain.

Once officers were aware of the difference, they appeared more concerned for their own safety and that of their family. Every officer had the same priority – ensure the safety of their family, whether an adult spouse, a child(ren), or elderly parents. The consensus was that, “I need to make sure they are safe.” “I need to make sure they are out of harms way.”

In response to the question of whether they would come to work during a bio-incident, the response of many was only after the family is safe. Others were not so sure they wanted to risk exposure even then. One officer responded by saying, “I always said that if something horrific happens, I’m not going. I’m going with my family.” Several officers suggested that the command staff work on a way to assist in ensuring the safety of the family, so officers could feel free to

respond to work. On at least two occasions officers suggested that if there was some place they could drop their spouses and kids off where they would be safe, then they could freely go to work.

Several officers responded that they would return to work once they had ensured that their family was safe, but that in doing so, the officers confessed that they would then no longer be able to return to the family out of fear of contaminating them. “Wherever I’m working that is where I’m going to be living.” In all four focus groups, there were officers that live one to two counties away from the jurisdiction where they work and one of their main concerns was would they even be able to get to work. Once at work, many said they would not be willing to go back home and risk exposing the family to whatever contaminants they have been exposed to during the course of the working day.

When told that these situations could last weeks or months, the officers then became concerned about when would it be safe to return home: “If I do go [to work], when do I get to come home? When am I considered no longer contaminated, no longer a carrier?” One officer responded that “[i]f my family is isolated at home and it is everywhere in the county and I’m running around the county, then I’m just going to stay away until a doctor says I’m good to go back. I’m not going to take a chance.”

2. AWOL

There was significant discussion regarding the issue of others who would not come to work in a disaster for a variety of reasons. Most referred to these officers as AWOL (Absent without Leave). One officer said, “I don’t think every single police officer will come to work”, while another stated, “I think anything like this, you risk a certain AWOL factor, because germs freak people out. I think you will have a big AWOL rate until people know that their families are taken care of.”

One of the more recent natural disasters in the National Capital Region was hurricane Irene in 2003. One officer described how during Hurricane Irene, he had five relatives who needed help; their houses were underwater and they were stranded. He stated that he called in and said he would not be coming in,

because his family needed help. His concern was that if his jurisdiction had been under a state of emergency and his leave had been denied, he would have had to make a choice similar to the choice the officers in Louisiana had to make, and he said with complete conviction that he would have chosen family, because his priorities are “God, family, career.”

Officers in every focus group discussed how during Hurricane Katrina police officers did not report to work. It was used as an example of what happens when the department does not have an effective plan and the families have to be made safe. The typical response was that “[s]ome of those officers were fired for abandonment and at the same time who could blame them.” Overall, officers in the focus groups generally sympathized with the officers in Louisiana.

One officer brought up the point that there may be a distinction “between those [officers] who are at home with their families when an incident [occurs] and are called [to service] versus those who are already at work” when an incident occurs. The officer’s point was that he believes some level of desertion among those who are working at the time of an incident can be expected but, in his opinion, more officers are likely not to show at work if they are already safe with their families. One officer brought up a valid question that will remain unanswered until a real event: when he asked what will happen when “the first man or woman . . . says ‘I’m not going’ – how many others will see it as permission not to go now?”

3. Sense of Duty

Most officers said that they would feel compelled to respond to work during a bio-incident or other crisis out of a sense of duty to their fellow officers, not necessarily to the department, or just to help those in need. As one officer put it, “I’m going to come back because I know [John] is there, I know [Jane] is there and for right now those are my brothers, just like in the military, those are my brothers and if I know that they are there then I need to be there with them.” Some of the supervisors in the focus groups (sergeants) felt an additional duty to their “troops.”

At least two officers with prior military training equated their commitment to the department to the commitment made to the military, and indicated that they would come to work, and described it as “[d]uty to each other – everyone is coming to work, after the family is taken care of.”

A female officer assigned to the Capitol in Washington, DC described how on one work day, her fiancé was working on the other side of the Capitol when a warning was issued regarding a potential air attack – she said that initially she was terrified that she was going to die and she wanted to run to him, but then she gained control of her thoughts and stayed and did her job. Other women chided her and said if you had kids you would have run in the other direction. Her position was that she would not abandon her station, because she took an oath to help people. She said, “I care about my job and if I had children and I died . . . I would want my kids to know that I was doing what I swore to do . . . they would respect that in the long run.”

In each case, the sense of duty appeared to be more toward each other, rather than toward the public they serve or the department in general. It was clear from the conversation who within the group had prior military training, and it was clear that the paramilitary culture felt a similar duty to fellow officers.

4. Vaccine Availability

Initially, in all four focus groups, most officers indicated that they would come to work whether or not there was a vaccine available. Almost all those who indicated that they were coming to work were already of the impression that there would initially not be a vaccine available. Officers in general acknowledged that as a result of the type of job they do every day, there is the potential that they will die in the line of duty. As one officer put it, “I think the assumption is that we will not survive it probably because of our exposure – just by doing our jobs. . .” Of course, the caveat that the family had to be safe first was reiterated time and time again. As one officer said, even if “there is no vaccine – I would go and do my duty – but I mean my wife and son have to be ok – or be taken care of.”

A few could not say for sure if they would come to work. However, most of the officers are under the impression that law enforcement is on the first tier to be vaccinated, once a vaccine becomes available, which may not be the case. Some could not commit to coming to work if there is no vaccine and/or if the fatality rate of the agent was high – these officers felt that they would have to make that decision at the time of the incident.

5. Significant Fatalities

When asked about their decisions in the face of significant fatalities, the officers echoed similar themes. When confronted with the worst case scenario, a biological agent or pandemic for which there was no vaccine, with a significant fatality rate – most officers still believe they will come to work, once the family is safe. Even with a high fatality rate, one officer said, “I think I would still do it. As long as my family is safe, I would do my duty” and others nodded in agreement. Although, exactly when “the family is safe” may not be an easy determination.

In one focus group the initial answer to the question of no vaccine and significant mortality rate was answered by concern that “it’s almost like a suicide mission”, and if so “then you should go with your family.” In response to that statement, another officer in the same group said, “I don’t think you have an option – the department expects us to be here and this is what they want from us.” Eventually, most agreed they would come to work, once the family was safe and if they had confidence in the plan, leadership and issued PPE. One officer summed it up by saying, “[t]he more confidence that the officers have in [their] tactics and equipment . . . the less the fatality rate will be an influencing factor.” This was a very significant statement and a common theme throughout all of the focus groups.

6. Conclusion

As one officer described it, he will have to make the decision on what to do with his family at the time, based “on what [he is] told, [his] training and what [his] knowledge of the situation is”, before “[he] can start being concerned with how [he] is going to help other people”. According to one officer, officers are unsure and uneasy about what is going to happen to their family. “It is because

these top people haven't trickled information down [and] told [officers] what to expect, what their purpose is in [a bio-incident]. If people don't have a purpose, they are not going to come to work . . . If [the department] would address those issues now, then maybe [the department] will have a 75% rate of people coming in, because [the officers] will know what to expect, what their job is – they will understand.”

A significant number of the officers gave indications that if they knew what they were up against, what their responsibilities would be, had faith in their Personal Protective Equipment (PPE) to protect them, understood the plan and knew that their families were safe, that they would be willing to respond to work, regardless of whether or not there was a vaccine and/or the fatality rate of the agent. Those may be difficult criteria to achieve given the current state of plans, training and information-sharing with officers, but the need is urgent and deeply felt by those who, in a crisis, will have to make a difficult decision.

E. QUARANTINE AND USE OF FORCE

Not surprisingly, the discussion evolved to issues surrounding quarantine, and questions regarding how officers thought quarantine would work, the role of law enforcement as it pertains to quarantine, who would be responsible to enforce it and with what level of force. There was very little consensus among the groups or even within groups regarding these issues. Assuming the focus groups were representative of the vast majority of law enforcement, quarantine appears to be a subject about which most police officers have little knowledge or experience.

When asked who can order quarantine, the answers ranged from the Health Department, to Hazmat, to Fire Rescue, to the Department of the Environment, to the military. One officer responded, well “the department has [quarantine] plans; they just haven't shared them with anyone.” The consensus of three of the groups was that if it got bad enough the National Guard would come in and take over quarantine.

1. The Role of Law Enforcement in Quarantine

The overwhelming majority of officers had no idea how quarantine would work or what it would entail in terms of manpower or logistics. One officer indicated that it was “[his] understanding . . . that the fire department w[ould] take the lead on quarantine and that we would support them manpower-wise.” Many of the officers agreed that quarantine would be a fire department concern. This opinion seemed to be based on the fact that the fire department handles decontamination in chemical situations, therefore they would also handle quarantine.

Most officers appear to be under the impression that quarantine can only take place at a designated location and people have to be put into the location. One officer described what he thought would happen; he said, there would be a location and officers would have to “herd the people in there and maybe not tell them they are being quarantined.” One officer stated that he didn’t think it was realistic to believe that we were going to be able to get people to go to a location to be quarantined – in his opinion “people won’t open the door, they will hide from you, you won’t be able to find everybody you need to find.” The officers equated it to the response officers get when they attempt to evacuate a building when there is a fire next door or a flood - people just elect to ignore or disregard the requests or instructions of the police and act independently.

Most of the discussion went from one extreme to another. There was the concern that things would become so chaotic that there would be lawlessness. One officer suggested, “I think if the situation is big enough . . . I think the police department will stop caring about looting and violent crime – I think the police department will be specifically tasked with quarantining and cordoning off certain zones and areas.” While on the other hand, there were those officers who anticipated a civil response and thought people should be treated as officers would want to be treated, “[y]ou . . . almost have to tell the people what is going on.” Another officer said, “[y]ou would hope that everyone is sane enough to just say I need to be quarantined.”

2. Amount of Force to be Used to Enforce Quarantine

The discussion about whether to use deadly force to enforce quarantine resulted in a very emotionally charged conversation in each focus group. In one group, several officers said they would use deadly force to enforce quarantine, while another officer in the same group said, “no force . . . because the people are not symptomatic and [therefore] you don’t have [a belief that] they are a danger to anybody if they get out.”

Those advocating the use of deadly force justified it on the belief that if the contaminated escapee came in contact with people he/she could cause the death of the officer or others. Other officers argued that they would use force to detain those violating quarantine orders.. . . if “these people are quarantined and [there is] the possibility of them having it and the possibility of these people spreading it to someone and they can spread it further, then I [would use] deadly force.” Another officer said, “I’m saying that if you got a situation where we’re being infected and that infection can spread to a place that we know is okay then no, I don’t think that person should be let out of that area to go to this area. If that person . . . is going to come out of there and we tell them to stay and they come out, yeah, I say [use] deadly force.”

There seemed to be strong emotional conviction on the part of some of the officers to protect the rest of society from those who could potentially spread the disease. One officer couched his feelings in the follow terms: “[w]hatever force that will keep them on the other side of the line, I’m doing it. If they arrest me and take me, so be it – I died doing what I was supposed to do to protect the rest.” Another indicated that his goal would be “to protect the public.” He said, “if these people (quarantined) were to infect other people absolutely and they get away and what they will be giving them is deadly – then deadly force is probably necessary to prevent it from spreading.”

The concern of some of the officers appeared to be based on the fear that if even one person were permitted to break quarantine, then everybody would do it. Officers compared the situation to when they put up cones to block a road and

one person circumvents the cones, then everyone tries to do it. Since none of the officers in any of the focus groups had any experience with quarantine, they made attempts to understand and perhaps rationalize the basis for the need to use deadly force by using examples and comparisons to things with which they were more familiar. Some talked about the similarity to a fleeing felon who may kill or cause serious injury or death to an officer or another person: “[t]hink of the guy that robs a bank and is running down the street with a gun, you shoot him in the back because he won’t stop, because he can shoot everyone in his path. You can’t let him leave.” Another officer described that it was like having an infection in a body limb that will eventually kill the body unless it is removed – either you remove it and save the rest of the body or you allow it to live and it kills the entire body.

One particular issue spurred contentious debate, when someone asked, “if someone violates the airspace in D.C. and flies toward the White House, “then they are getting shot down – isn’t it the same thing? So what’s the authority to shoot them down?” An officer who opposed the use of deadly force responded with “[w]ell in quarantine, it is *may* be exposed.” The response to that statement was “[w]ell I would say the threat is still there. The guy flying into airspace *may* be lost, but he is flying into airspace.”

Some officers who could not advocate the use of deadly force admitted that they were willing to use physical force, which in turn spurred a discussion about what physical force is enough, when do you stop and when does physical force turn to deadly force. As one officer said, “I think you would have to physically grab them and detain them. I wouldn’t start shooting them, but I would physically not let them leave.” In response to that statement, another member of the group asked, “At what level of resistance do you stop?”

Even among groups in which there was a significant moral debate about whose position was correct (to use deadly force or not) – some acknowledged and accepted the decision of others to use deadly force, but confessed that they were not sure what they would do in that same situation. One officer who

appeared to be agonizing over the issue, finally said, “I would think that most people, if you explain it to the people you are quarantining, that most people are reasonable at least for a little bit of time – that they will comply with you – not if you’re quarantining them for days or extended periods of time and you don’t know what it (the agent) is then you’re going to have problems.” Another officer agreed, with the caveat that “[t]he longer the quarantine goes on the more problems you’re going to have.”

One group in particular emphasized the need to talk to the community and the officers in advance of a quarantine situation. The officers were very concerned that the diametrically opposed opinions at the table would come into play during a real bio-event, and wanted these issues resolved pre-event. They also advocated for the education of the public about quarantine in an effort to compel maximum compliance with quarantine orders, and to avoid “use of force” situations like those discussed.

Clearly, participants in these focus groups need much more information and guidance about what quarantine is, who can authorize it, who can enforce it and with what level of force. The moral dilemmas underlying these questions were also quite apparent and generated more interpersonal heat the deadlier the biological agent under discussion was. At the conclusion of each focus group the officers were informed that in Maryland violation of a quarantine order is a misdemeanor charge. In response, some became defensive, asking why officers would have to use manpower to enforce a misdemeanor. Why, they asked and would it still be a misdemeanor to violate the order if the agent were potentially deadly. Some responded that if it was only a misdemeanor charge, then they would not enforce the quarantine order. Their confusion and even rejection of potential obligations of their duties underscored why it is imperative to engage officers far ahead of actual events.

3. Sources of Information

Officers were asked who they would expect to provide them with authoritative information, during a bio-incident, about their role as law enforcement. A few wanted to hear information and instruction from their first

line supervisor or direct supervisor and a few just wanted to hear from someone above their own rank. This may have been as a result of comfort and familiarity with a particular supervisor, or in order to eliminate liability by receiving instructions from a higher ranking officer.

However, the majority wanted clear direction from the “top”, the “command staff.” Most of the officers indicated that they would be looking for guidance and leadership via the chain-of-command, from someone who knew something about the subject matter. It was a common theme among the officers – they wanted to hear from someone they trusted and considered a subject matter expert. They would be seeking “guidance from a trusted source on how to protect [themselves] and [their] troops”. . . “[information] ha[d] to come from someone on the department who [they] trust[ed].” Unfortunately, there were few who could actually identify a trusted subject matter expert on their department.

A few officers indicated that they expect those who will be giving the orders to be out front wearing the equipment, demonstrating that the equipment is safe and/or that the environment is safe – in other words, leading by example. One officer said, “in a situation like that I better see whoever is leading me . . . up there leading me.” It is understandable that officers would want to see representatives of the command staff working among the rank and file, donning similar PPE and facing similar exposure – this would reassure them that they are receiving appropriate information and being led by those who care about the officers’ safety. However, at least one officer cited 9/11 as a reason why even a trusted source may not have the right information – since during 9/11 everyone was told the air was safe and now a lot of people are sick.

Sources of desired information from outside their own agencies included the CDC, Health Department, the mayor, governor and other leading public figures. The officers would rely most, they said, on the Fire Department and/or the HAZMAT team. This seems to be a direct result of the working relationships between these agencies and the significant level of mutual trust. Many law enforcement agencies defer to the Fire Department and HAZMAT teams when

dealing with hazardous material, chemical spills, etc. Both agencies work on all types of scenes together and the majority of fire and police agencies have a mutual respect for each other. As one officer said, “You’ll get the real truth from the fire department – they would be straight forward.”

The officers seem inclined to defer to fire officials as the knowledgeable and respected source for disease information and quarantine because they trust them and know that when it comes to chemical spills and attacks, HAZMAT has been trained on containment and decontamination and that is the context in which police seem to think of a bio-event. Officers understandably want to hear from the CDC and State and Local Public Health officials regarding the biological agent, vaccines, and incubation periods, since they are established subject matter experts. It seems that generally officers are unaware of a biological subject matter expert on their respective department, if indeed there even is one. The lack of plans, or conveyed information regarding plans has resulted in a perception by officers that there is no reliable source of information within their own department. This may account for the reliance or appeal to government authority, such as a mayor or governor for reliable information during a bio-crisis.

4. Officers’ Suggestions of What Should Be Done

At the end of each focus group, the officers had the opportunity to recommend or suggest what could or should be done in advance of a bio-event to address some of the issues they had raised during the discussion period. There was consensus among all of the groups regarding several suggestions posed by the officers. Every group emphasized that they wanted to know what their agency’s plan was in the event of a biological incident, bio-terrorism attack or a pandemic. Most officers emphatically connected to one or more of the following expressions of their concerns:

I want to know the plan. I want to know the plan. [repeated with emphasis]

They need to tell us what the plan is.

We want to see the plan; it needs to trickle down to patrol.

They should tell us what the plan is so we can share it with the community.

I just think [the commanders] need to get the plan out to the officers, it is not like we are just sitting around waiting for . . . a bio-hazard and then we break [open an] envelop that says *Bio-hazard* and it says ok, step 1 do this. . . We should know ahead of time . . . we need to know what to do ahead of time.

There is no way we can have a plan for every scenario, we understand that, but just give us an idea.

The officers were also quite adamant about the need for realistic, actual hands-on training (not table tops), which would require using equipment and the issued PPE. Some officers had been issued all of the necessary WMD equipment, some had only been issued a portion (i.e., suit, but no mask), and others had not received any. Those that had none indicated that they were told it would be brought to a central location in the event that there was an incident.

Whatever the situation, the officers indicated that they wanted the opportunity to put on the PPE, more than once. It seems that those who were issued equipment had been given the opportunity to don it once upon initial issuance and in many cases that was at least three years ago. The officers discussed the disparity between the training they get with their handgun and that they get with the use of their PPE – they are required to shoot (qualify) at the range several times a year to demonstrate proficiency with their issued weapon. This creates muscle memory and a conditioned response which the officers rely on in high stress situations to ensure that they will be able to do what is required without having to rely on memory.

One officer suggested that the command staff conduct “an unannounced exercise” in which people would be “held accountable”. He went on to describe how it should be a spontaneous exercise, where officers are told to go to their car, get their gear, and don it. Then the executive staff would actually see who is prepared and who is not. A few of the officers speculated that some officers would not even be able to locate their PPE and even if they did, they would not remember how to put it on or under what conditions it could be used to protect

them. The officers expect that many would fail such an exercise because it had been so long since they had been issued the equipment that they had forgotten where it was, how to don it and what it could protect them from.

Several officers discussed how important it was for law enforcement to have confidence in their issued equipment and in the associated tactics – and indicated that this would only happen if officers were permitted, or forced, to wear the gear in realistic situations, repeatedly. On two occasions, officers brought up “active shooter training” which was developed after the Columbine High School shootings – post-Columbine officers were trained to respond differently in active shooting situations. If it was an active shooting situation, it was no longer acceptable to set up a perimeter around a building and wait for specialized units to respond before making entry. Instead, the officers were trained that those who were first on the scene of an active shooting had to assault the building in a team formation with the goal of saving lives. They practiced the tactics repeatedly inside of the schools and continue to do so annually – this is why they feel comfortable and confident using this tactic. The officers indicated that they wanted to have that same level of confidence in how to use and when to wear their WMD PPE.

The officers were asked about what could and should be done to improve the expectations of the public in regards to law enforcement. Several officers suggested that we “[t]ell them the truth.” “Tell them there is a plan and what they are going to be doing.” They also suggested that we “[t]ell them what we need to make our jobs easier.” Some of the officers expressed more frustration than others regarding a lack of information about a plan. As one officer said, “[t]he public is going to expect guidance from us but . . . in order to give that guidance to the public, we are going to need that guidance from above and I think more than one person mentioned it, we are not getting it.”

Throughout the focus group discussions, it was clear that officers understood that the government could not release all of the details of a response plan (where and when), out of fear that the information might fall into the hands

of terrorists or others who may wish to disrupt or sabotage the police response to an incident. However, with that knowledge, the officers still felt strongly “that [they] have to instill confidence in the public so that they [will] know if something happens that they can have confidence that [the police] can handle it.” As one officer said, “[w]e need to share our plan with the public, see what their response is to it – they are more apt to follow instructions if they know the plan, [and] what and why they are supposed to be doing something. According to one officer, “[t]he community expects us to keep them informed, have answers, keep them safe, and give them directions, and to stop whatever it is. Stop the bad thing from happening. Short of the National Guard walking in and taking the streets we are IT, we’re their safety net.”

A number of officers suggested that the government consider holding a “Question & Answer” forum with the community, just like “we are doing here today [referring to the focus group]. [Ask them] what do you think about this question – would you obey [quarantine] or not . . .” Another officer suggested that it may be useful to meet with the community to talk to them about quarantine, ask them if they would cooperate or not. Yet, another thought the government should just “[g]ive them information . . . specifically . . . about being quarantined.”

The officers suggested ways to drive the information home to the community members. One suggested using schools and children, “Who is the most easily influenced? Who knows the fire drills? Repetition in schools and [the kids] can help to bring the information [home] to the parents.” Another suggested that departments have officers hand out a bio-hazard pamphlet to every victim/complainant they encounter during each tour of duty.

The officers made it very clear – they want to know if their agency has a plan for responding to a biological incident or attack, or not. If there is a plan, the officers want their command staff to share the plans so that they can understand their assignment, know their responsibilities, and be mentally prepared to respond. The officers expect the public to turn to them for all the answers during

a crisis – they want the public to know the plan, to the degree that it affects them and to have more realistic expectations of law enforcement. Lastly, the officers know that in a crisis situation they are going to rely on conditioning and training, and they do not feel confident regarding how or when to use their WMD PPE, or how to respond in a bio-incident.

F. HOW ELECTED OFFICIALS VIEW OFFICERS' CONCERNS

Clearly, law enforcement officers have strong opinions and comprehensive perspectives on how well they are prepared for a biological event, and what needs to be done to improve their readiness. Given the clear lack of communication generally between these officers and elected officials who may have drafted strategies and plans for an emergency response, it is obviously important and fair to include the views of senior local officials about the degree of preparedness in their jurisdictions.

As mentioned previously, the County Executive of one of the jurisdictions represented in the focus groups was interviewed. He was asked a series of questions about emergency preparedness levels in the county and expectations of how law enforcement should behave during a crisis. After the interview, he was informed of the results of the focus group discussions and discussed the implications. The following discussion provides a synopsis of the interview.

1. Interview with County Executive

The County Executive who was interviewed had 12 years of experience as an elected official of a large county in the National Capital Region, and he will hereinafter be referred to as Mr. Thomas (not his actual name). He had three successful terms as a County Executive, and had recently decided not to run for re-election. Therefore, it was anticipated that he would be forthright and honest in his responses and draw upon 12 years of experience and institutional knowledge as a county executive officer and now free of concern that he might be pressured to implement, support, or initiate any of his ideas or suggestions.

Initially, Mr. Thomas was asked what he thought the level of risk was to Montgomery County in terms of a bio-incident. In Mr. Thomas' opinion, the County is at high risk of an attack because of where it is situated within the

National Capital Region, its proximity to Arlington County (Pentagon) and Washington, D.C., as well as the fact that the county is home to a number of significant sites – potential terrorist targets.

When he was asked about the number of tabletop or actual training exercises that the County had participated in regarding terrorist attacks or a pandemic event, his initial response was that he was unsure. He was under the impression that there had likely been some such exercises in the NCR and, if so, the County would most likely have participated in them. He stated that he was aware of at least a few table-top exercises that had been completed within the County and at least one other exercise that had required the participants to don Personal Protective Equipment (PPE) and to conduct decontamination drills.

Mr. Thomas went on to describe some of his concerns after the last exercise (PPE and decon) that he attended. According to Mr. Thomas, the volunteer firefighters were upset because they did not have the protective suits that the paid firefighters had been issued, even though their assignment would not have required them to wear the same PPE. According to Mr. Thomas, “during the exercise, it struck [him] that the fire chiefs were afraid; they wanted the best of the best.” At which point, he realized that if the leadership or commanders are nervous and showing fear, it will negatively impact those they are leading.

At one point during the interview, Mr. Thomas indicated that he had already come to the conclusion that “[we] can’t take it for granted that [law enforcement] will be there. [We] have to do things to make [the officers] feel safe so they will go out and make everyone else safe.” According to Mr. Thomas, he came to this conclusion while attending a police roll-call during the Sniper Shootings in October 2002. He recalled a time when just prior to entering a roll-call, he received a phone call informing him that the witness in the Fairfax, Virginia shooting had lied and therefore what many had considered the only real lead in the case had been found to have been fabricated. Mr. Thomas said that after the phone call he entered the roll-call room and was looking at the officers

as he gave them the bad news from Fairfax County about the witness. He said that he recalled seeing real “fear in their eyes”. That is when, as he put it, he realized that “they were as scared as everyone else.”

When Mr. Thomas was asked about how he expected the public to respond in a bio-incident, he answered by recalling how the public had responded during the Anthrax attacks that took place in the Fall of 2002 in the Washington area (Senate Office building and Post Office) and in Florida. “We [received] hundreds of calls during the Anthrax scare. People called about everything.” The public is going to expect Public Health to tell them what to do, where to go, and the public will only listen if they have confidence in the source of the information. The information would have to be accurate and weighed against the need to know and the fear it might create in the public. He recalled how during the Anthrax scare the government had put out some incorrect information which hurt the credibility of public officials. Hence, “we have to be clear about the information we disseminate, give it out in a timely fashion, reach out to the public and help them to help themselves and their neighbors, and force them to think about someone besides themselves.

When asked what he thought the public would expect from law enforcement, he responded that the public would expect the police to be there, be calm and reassuring, have answers, tell them where to go and what to do, and to know what they are talking about. Mr. Thomas is of the opinion that of the entire population in County (just under 1 million), maybe 10% is actually prepared for a bio-incident. As he indicated, many were prepared after the Anthrax attacks, with water and food supplies, medical supplies, and a family plan. However, people get into a comfort zone and do not see the need to continue to store food, water, or medicine.

The County made efforts to educate the public regarding emergency plans before Y2K and after 9/11 and has held several town hall meetings where citizens were invited to come ask questions and receive information regarding emergency preparedness and family plans. Mr. Thomas indicated that there

were over 500 people at the first town hall meeting and thereafter the attendance began to decrease significantly. Then at what eventually was the last town hall meeting, the BBC (British television) was in attendance to do a media piece and hardly anyone came. The auditorium was virtually empty and the county had to request that county employees come to fill the seats so there would be people present in the audience for the media.

When asked if the County had considered how it would address continuity of life issues in a protracted biological incident, Mr. Thomas responded that the county had discussed prioritizing government services and creating contingency of operation plans (COOPs) for some agencies, but not much beyond that had been done. He confirmed that there are segments of the county government that are working to finalize continuity of operations plans (COOPs).

Mr. Thomas was asked what would happen to officers who agreed to come to work during a bio-incident who later became sick. Clearly, if the sickness could be directly related to an assignment or a call for service then the officer would be covered under Workman's Compensation, and if he or she died it would be treated as a "line of duty" death." Mr. Thomas responded that he assumed it would, but agreed it would need to be addressed before the incident. He based his answer on the need to maintain a workforce that would be working long hours and therefore the county would have to assume if an officer came down with the disease that it was work-related.

When it came to the issue of quarantine, Mr. Thomas anticipates the need for quarantine; however, he acknowledged that quarantining an entire neighborhood would be very difficult. He did not foresee police arresting people and bringing them to jail, instead he thought they would be telling people to go home and stay there. He believes that there may be a need to prohibit people from assembling in large groups to keep the disease from spreading, similar to what was done in 1918 during the Spanish Flu. Mr. Thomas stated that the public in the NCR has historically had difficulty existing after a few days during power outages, snow storms, etc. As he said, "the longer it goes on, the more

problems we should expect.” He recalled how during the Sniper shootings toward the end the press and the public were beginning to lose patience and in his opinion if the police had not apprehended the suspects when they did, both the media and the community would likely have turned on law enforcement.

After the initial interview was over, Mr. Thomas was informed of the results of the four focus groups. The author of this thesis told him that the overall consensus of the police officers was that they would respond to work, but only after their families were safe. He was also told that the officers had expressed concern about returning home to their families out of fear that the officer might inadvertently contaminate a family member, after an unknown exposure, when there was no vaccine. Mr. Thomas agreed that the County should work to set up a Family Support Unit, similar to the one used by the Fire Department for the USAR Team and that the government should contract for hotels to house those officers who elect not to return home. He was also amenable to holding open forums, or town hall meetings for the officers and the public to discuss the issue of a pandemic or a biological attack. Mr. Thomas felt that the open forums could be used to introduce the communities to the public health officials so that they could learn to trust them pre-event.³⁷

³⁷ Throughout the interview, Mr. Thomas appeared to be honest and forthright in his responses; it appears that he clearly cares about the people of the county he served and because of his experience with the Sniper Shootings, he may have more insight into the needs of the officers and a better understanding of how the public will respond in a crisis situation than any other public official. He was amenable to a Family Support Unit, similar to that of the Fire Department, which would care for the law enforcement families. He is also amenable to allowing officers to stay off-site, at the expense of the County, during a bio-incident while there is concern about potentially contaminating family members.

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V. SUMMARY

The following is a summary of the results of the main issues raised during the focus groups. The officers seemed grateful for the opportunity to be heard on these issues and their thoughts and concerns should be considered by government officials when drafting bio-response plans. The following discussion is simply separated into the primary issues addressed.

A. FAMILY PLAN

Clearly, the officers' primary concern is and will be the safety of their families. Although the study hypothesis expresses doubts that officers will respond to work during a biological crisis, the focus group results suggest otherwise. The officers clearly indicated that they would come to work during a biological incident, but only if they could be assured that their families were safe. This means that if the family could not be removed to a safe location, then the officer would need assurance that the family was safe at home and that their needs were being met. It was clear throughout the discussions that if this issue is not remedied the government will not be able to rely on law enforcement to respond to work during a bio-incident, regardless of the cause (man-made or natural). Some of the officers suggested a compound of some sort where all of their family members could be taken and cared for. On its face this appears to be an ideal answer. However, there are problems inherent in the idea of a compound that may cause more issues for government than it remedies.

First, there is the feasibility of locating and securing a site that is capable of housing all of the family members of each officer, the second issue is defining the parameters by which to identify the actual family members of each officer (i.e., grown children, dependant parents, divorced spouses, or common law spouses), and lastly, government should expect essential employees from other departments within government to demand similar assurance that their family members be cared for so that they can come to work.

Therefore, a “Family Compound” may not be a realistic alternative, for the above reasons. However, a “Family Support Unit” (FSU) may be a more viable option. Some Fire Departments have a family support unit – a unit that cares for the families of firefighters who are deployed to other areas to assist with rescues or fires, such as the USAR team. The families of law enforcement would then be able to stay secure in their homes, basically sheltering-in-place, without risk of potential exposure. The FSU could check on them daily to ensure that they have the food, medicine and necessities they need, and if need be arrange for transportation to a medical facility.

However, several officers indicated that they were concerned about returning home after a day’s work, if the bio-agent involved were contagious and there were no vaccine to protect them or their families. The officers indicated that they are willing to come to work and to risk personal exposure, out of a sense of duty to their fellow officers. However, they did not want to potentially risk exposing their family to the biological agent inadvertently. A few officers suggested that the agency consider how to house and care for the officers who came to work, so that they would not have to return home until there were a vaccine or until medical officials deemed it safe to return home.

B. PUBLIC EXPECTATIONS

The officers indicated that they would like the public to have more realistic expectations of them during a biological crisis and in turn the officers would like to feel confident that they would be able to meet the realistic expectations of the public. To accomplish this, two issues need to be addressed pre-event.

First, the general public, media, and elected officials all need to be educated regarding what to expect of government and law enforcement during a bio-incident, and communities need to learn how to become more self-reliant. Secondly, the officers want to be confident and capable of carrying out assignments and responsibilities related to a bio-event, to know the rules and parameters for operating in bio-environment, to have confidence that their equipment will protect them, and to feel that their training has prepared them for a bio-event.

In order for the public to have more realistic expectations of law enforcement and to be better prepared to care for themselves and their neighbors in advance of an event, officers believe the public needs to be educated and given the opportunity to ask questions, pre-event. The public should be educated regarding the limitations and responsibilities that law enforcement will be grappling with during a biological incident, such as reduced staffing, quarantine, shelter-in-place, PPE limitations, emergency preparedness, etc. The second issue that needs to be addressed pre-event involves the bio-response plans.

C. BIOLOGICAL RESPONSE PLANS

The officers have indicated that they believe that their respective agencies have plans on how to respond to a biological event and they want those plans shared with them immediately. The officers repeatedly insisted that there must be plans even if they were not aware of them – they held out hope that their department was prepared to address a biological incident, but perhaps had forgotten to share the plans with the first responders.

Ideally, every agency should have a plan for how to respond to a biological attack or incident. Those plans need to be shared with the officers, especially the first responders who will be on the ground responding to calls and, interacting with people who may be carriers of the disease. The officers understand that the plans may have to be sanitized to some degree before they can be shared with the public. However, once properly sanitized the plans need to be shared with those responsible for carrying them out, and then with the community.

The focus group discussions clearly showed that many of the officers conceive of a biological incident the same way they do a Hazmat incident or a chemical attack. Some biological incidents will require a response similar to a chemical response, especially if the bio-agent is not contagious and the dissemination location is immediately known or contained, such as an anthrax release at the post office. Yet, other biological events will be different. Officers had a difficult time envisioning a biological attack involving a contagious disease

where the release may take place weeks before anyone is aware of it. In this type of situation the biological agent would already be in and among the population, and people would be sick, so there would not necessarily be a hot zone to encircle, nor would decontamination measures be the immediate response. The officers had similar difficulty with the concept of a pandemic, which might only be discovered once someone who had the disease was already in and among the public and had contaminated others. It was clear that they had a much better understanding of Hazmat incidents and chemical spills.

D. EXERCISES, TRAINING, AND PPE

The officers also expressed a desire to exercise and train using their WMD PPE in order to become confident in their equipment and in their ability to respond properly. Several of the officers made statements that suggest that only a few of the officers knew how to properly don their PPE, under what circumstances they should wear it, or what it will protect them from. Some alleged that they had received their PPE shortly after 9/11 and had not put it on since. There were a small number of individuals who indicated that either they had, or they knew others who had been involved in at least one actual training exercise. In the officers' opinion, those who had been fortunate enough to have attended a training exercise had gained beneficial experience, even when the exercise failed. However, according to the focus group attendees, the actual number of first responders who had been permitted to attend a training exercise was very low.

E. QUARANTINE

The focus group's participants demonstrated that quarantine is an emotional issue and the fatality of the agent and the lack of a vaccine will significantly impact how they will approach it. The responses that officers gave to the questions regarding quarantine ranged from "shoot to kill" those who violate the orders, to "step aside" and let anyone who wants to leave go. Those involved in the discussion were adamant about the need for guidance from the command staff. The officers had very little knowledge or understanding about quarantine or isolation and the logistics surrounding the use of either.

F. LEADERSHIP

The one constant thread throughout the discussions was the officers' optimistic expectation that somewhere within their department there must be a bio-response plan that had not yet been shared with the first responders. They were also concerned about what they perceive as a lack of guidance and leadership because no one was discussing these issues with them. One officer said that he learned about the Pandemic and what was going to happen from his wife who had seen a special on the Oprah Winfrey Show. Two others learned from their wives who were nurses. The officers want to know what to expect and what to do in the event of a bio-attack or a pandemic. Many voiced a lack of faith in their equipment and training, and they desperately want to be able to take care of their families. The officers are willing to come to work, conditionally, and by their own admission know that they might die doing their job, but they do not want to die because of a lack of training, poor equipment or inadequate leadership.

It was clear from the officers that they want to be respected, heard, and allowed input regarding an issue that could dramatically affect them and their families, and may even kill them. Perhaps some agency officials fear opening what may be perceived as a "Pandora's Box" – which might mean talking about issues for which they don't have answers. However, as the discussions revealed the officers are yearning to have someone talk to them and listen to them regarding these issues. After one of the focus groups, one of the officers asked the author as he was leaving, "why isn't anyone doing what we did here today, why can't they just talk to us and answer our questions." The officers are looking for guidance and leadership regarding an issue that by its very nature creates fear and apprehension.

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VI. RECOMMENDATIONS

The following are recommendations developed as a result of the information gleaned from the focus groups and suggestions from the officers.

Based on the above summary, there should be at least two main goals of government and law enforcement in anticipation of a pandemic or bio-incident. From a government perspective, law enforcement officers should be expected to respond and be effective during a biological incident. Yet, the government must take steps to create a family-care plan that would result in an environment where officers would feel that they could respond to work during the course of a biological event. An additional goal would be to educate and prepare the public for a biological incident, with the intent of minimizing fear, panic and lawlessness, in order to ensure maximum compliance with quarantine orders and shelter-in-place requests, utilizing community policing strategies. Public health, law enforcement, fire/rescue personnel and government officials (all stakeholders) should consider working jointly in an education process, in order to build credibility with the public in anticipation of a crisis. If successful, these efforts should result in more police officers responding to work and a public that is more compliant, cooperative and self-reliant during a biological incident; this in turn would reduce the workload of what is likely to be a naturally depleted law enforcement workforce.

A. THE FAMILY SUPPORT UNIT (FSU)

The FSU could be staffed with officers who no longer have a work assignment as a result of the bio-incident, such as, school resource officers, crossing guards, and court officers. There may also be retired officers, officers on restricted duty and, as well as, other volunteers who can assist. Prior to an incident and perhaps annually, all officers should fill out a form that would list all of the pertinent information about their family members, to include name, address, age, schools, allergies, doctors, special needs, contact information, etc. It should be updated as information changes, or at least annually.

Training should be given to the officers during in-service training regarding how the FSU would work, who would supervise it and who would staff it in the event of a bio-incident. Officers should have input, pre-incident, into what the FSU will do, how issues will be handled, etc. The command staff should create Standard Operating Procedures for the unit, and make the SOP available to the officers.

The governing body of each agency should consider making arrangements to house the officers who agree to come to work, by supplying off-site sleeping and shower facilities. As previously discussed in Chapter IV, this can be done by contracting with a nearby hotel for a block of rooms in advance of an incident that would allow the officers to use the facilities until it is safe for them to return home.

B. HURDLES AND OBSTACLES TO BE OVERCOME

The thought of a worldwide pandemic or a biological attack, with a significant fatality rate, and no vaccine in the early stages is understandably frightening to everyone, public service workers included. Law enforcement agencies will need to accomplish the above goals in advance of a crisis in order to ensure the presence of a public safety workforce and to minimize the drain on that workforce during the crisis. However, there are those who might find these goals to be too lofty or perhaps too ambitious for several reasons, to include: some may not believe that there will be a crisis of such magnitude (“crying-wolf” or the “chicken little” theory), the turnover rate of police officers will require continual updating of the family list so much so that it will be unmanageable, there may not be enough staff to ensure the operation of a family support unit, most officers live out of county or out of state, and if the government creates a family plan for some government workers, why not do it for all?

These hurdles or obstacles are not insurmountable. One problem to overcome involves knowledge of the situation. This may be done by a town hall meeting for all officers and their families to ensure everyone has an opportunity to attend and be heard. Law enforcement agencies need to discuss the needs of officers and their family members, and ways to ensure that officers will be able to

respond to work during a biological crisis. Results from the four focus groups included in this study provide strong support that officers would be willing to come to work, as long as their families are safe. This consensus view should be communicated effectively to other officers and the local communities. Many officers are likely to decide not to travel back and forth to home during a biological crisis so as not to risk contamination of a family member. Still, local communities should have confidence that, if protected, law enforcement personnel will do their duty.

Town-hall-type meetings with family members in attendance are apt to develop into lively discussions, since family members may not want the officer to go to work at all or to risk potential exposure to the biological agent. An open forum will allow the officers, families and other stakeholders to see for themselves that if the families are not properly cared for there is likely to be a shortage of officers in a crisis. Public health officials should be present to assure the families that in the event of a biological incident where there is a vaccine readily available that the officers and their families will be given priority access. The creation of a Family Support Unit (FSU) will only be necessary in the event of an incident where there is no vaccine available, and the officers elect not to return home out of fear of contaminating their families. To ensure that officers would remain at work, the government would have to demonstrate that the families would be taken care of (i.e., food, medical needs, etc).

In a community town hall meeting the stakeholders and the public could discuss the current level of emergency preparedness and assess the status of the community households in terms of preparedness. It is likely that the percentage of households that have food, water and medical stockpiles is low. If so, a community meeting would allow the public and the government to determine the actual readiness level of a particular community. A discussion of readiness, or lack thereof, could also subsequently lead to a discussion regarding the need for the public to be somewhat self-sufficient during a biological crisis, highlighting the expected manpower and staffing shortages of law enforcement and also allowing for a discussion with the public regarding the

meaning of quarantine and shelter-in-place, the expectations of each party (government, public and law enforcement), the need for compliance, etc.

Law enforcement already hosts numerous community meetings with homeowner associations, management associations, apartment associations, etc. as part of their community policing efforts to address crime issues. It should be relatively easy to incorporate emergency preparedness efforts into these meetings by inviting the other stakeholders to answer questions, to explain realistic expectations, educate the public on self-reliance, quarantine, etc.

1. Resources

As for resource hurdles, during a biological incident (natural or manmade), the police department, as well as other departments, will suffer from reduced staffing levels due to illness and/or death. However, depending on the biological agent, contagion and fatality factors and government declarations regarding assembly and quarantine, there may be segments of law enforcement staff that will not be able to perform their daily assignments, yet are well enough to work (such as Crossing Guards and School Resource Officers, if schools are closed). One or two of the units that will no longer have assignments could be reassigned to staff the Family Support Unit (FSU).

The staff of the Family Support Unit would be responsible to make daily contact to assess the needs of the families – if they need food, medicine, etc.; food would be purchased and delivered. The cost of the food and medication could be easily withdrawn from the officers' paycheck, in order to facilitate financial issues. Each officer would have a running account to be paid weekly upon receipt of a paycheck. If the situation were a hardship, because one family member could not work and had to stay home with the children, the government officials should consider a differential or supplemental. If a family member needed to be taken to the doctor or a hospital, the Family Support Unit would transport – wearing the appropriate PPE – or work with Fire/Rescue personnel to arrange the transport.

The other resource the department will need is a place to house officers who are willing to report to work, but are not willing to return home after a tour of duty, out of fear of contaminating their family – this would be needed until a vaccine became available. There are hotels in almost every area of the United States. The department should contract now with hotels for rooms for officers who are unwilling to return home. The contract should delineate that the rooms would be made available at a discounted government rate upon declaration of a Catastrophic Health Emergency. If/when such an incident were to occur, it is very unlikely that the hotels will have many guests at all, so to some degree, such a contract would be to the economic advantage of the hotel selected. Each hotel would need a designated trained individual from public health (volunteer nurse, etc.) to monitor the environment (i.e., kitchen area where food is prepared, guests) to ensure that it remains safe and that anyone with symptoms would not be permitted entry or, if already on premises, would need to be isolated immediately.

In regards to educating and preparing the public via community policing there would be no additional costs to the government, since the only real resource involved would be stakeholders who would meet to prepare and educate. It would require interagency cooperation, scheduling and a sustained effort to bring the community up to an acceptable level of preparedness.

2. Motivation

Fortunately, government and local communities do not have to overcome a lack of motivation to respond among law enforcement officials. In the focus groups, the officers made it very clear what it will take to reinforce their professional obligation to respond to an emergency crisis. In contrast, one needs only to look at Hurricane Katrina to see that, if the family members of the officers are not safe and taken care of, officers are not likely to report to work. The officers may need assurances from public health, especially the experts, that at a minimum a pandemic is a “when” situation not an “if”. Although it is difficult to determine if/where a bio-terrorist attack might take place, it is likely that a naturally occurring disease could and may hit any area and officers will still need

to report to work. The issue will be more of convincing them that something will happen, not that if it does they will need this program.

3. Political

Of course, political hurdles always seem to intervene between even the best plans and how people respond during emergencies. Fortunately, the family support unit advocated here does not require an initial outlay of government money that might prompt competing political interests. The actual family support unit would be staffed by officers who were already working and could be supplemented by volunteers. Contracts for hotels where the officers who did not want to return home could stay could be done in advance, in anticipation of a date uncertain in the future, triggered by a government declaration of a catastrophic health emergency. However, once triggered the government would begin to incur expenses for those officers who elect to respond to work, but are unwilling to go home. Depending on the duration of the event, this could be costly for the government, but so could a shortage of police officers. If handled in advance, a negotiated reduced room rate may be a possibility.

The other issue that the government will struggle with will be how to handle the rest of the essential employees of government who must respond to work in order for government to function and to meet the needs of the public. Government should consider who is essential to maintain continuity of services, and perhaps consider a similar plan for them, as well – perhaps part of a continuity of operations plan (COOP).

Public health and law enforcement officers, the general public, and particular families will likely support a Family Support Unit Plan. Fire and Rescue personnel already have sleeping, shower and eating facilities within each firehouse, so they will not need hotel services, and they already have a family support plan in place for USAR members who are deployed to different parts of the world to assist in natural and manmade disasters.

C. TEST METHOD - FSU

In order to test the effectiveness of a Family Support Plan, counties should conduct a pilot initiative, perhaps during a large snow storm. For example, a

county agency could test the plan for 2 days, in order to determine how the Family Support Unit performs in regards to contacting and fulfilling the needs of the families. In very bad snow situations, there is no school, so the children will be home and the families may need food, water or medicine. Some officers may not be able to report unless arrangements are made to pick them up in 4 wheel drive units and they may need to be housed at a local hotel over night – which would mirror the biological crisis where officers would refuse to go home out of fear of contaminating family members. What will be difficult to replicate will be the level and environment of sickness or death that would come with a biological incident.

Alternately, an agency could conduct a 2-day exercise that would simulate a biological incident and have the officers handle the crisis while the Family Support Unit handled family care issues – the problem would be that schools and work would not be closed and there may not be anyone at home for the Family Support Unit to contact or support or it could be conducted on a weekend.

D. PUBLIC EXPECTATIONS & COMMUNITY POLICING

Although none of the focus groups recommended a “method” to educate the public to ensure that they have realistic expectations, one option is to use community policing strategies. Community policing has offered strategies that have proven effective in bringing the police, community and other affected partners together to fight crime, make communities safe and improve the quality of life in neighborhoods.

The goal of the community policing effort would be to minimize panic, empower the public, speed the healing process post-event and minimize the negative effects on the community to whatever degree that is possible. In a crisis situation, people will turn to law enforcement for assistance and guidance. Information and knowledge are tools used to reduce panic and fear; both empower people and aid them to understand the issues, and allow them to combat the problem and permit them to become part of the solution. This is the same premise under which community policing works in regards to fighting crime.

If law enforcement were to work in advance of a crisis with public health to educate the public on how to shelter-in-place effectively, and how much food and water to stockpile then perhaps there will not be a need for forced quarantine. In meetings with the community, law enforcement can work with the organizations that naturally occur within the communities, such as civic associations, church groups, etc., to create work groups that can assist during a crisis. These organizations generally have a natural internal hierarchy and are accustomed to working together and therefore are more likely to be able to work together on assigned details during a crisis, similar to a “Neighborhood Watch Program”. Working with these community-policing tactics before a biological event occurs could bring the stakeholders together to prepare the public to be more self-reliant and give them realistic expectations of law enforcement and government.

E. BIO-RESPONSE PLANS

Once a plan is released to the officers, the agency/department should entertain an audience with the officers and be prepared to hear from them about questions, concerns and suggestions regarding that plan. Agencies should consider holding an open forum where officers would be allowed to ask questions and share their thoughts, and this will be particularly important if the agency expects the officers to buy into the plan. The officers need to have confidence in the plan and those proposing it. In order to do that they need to understand why certain decisions were made and what their role will be in a biological incident, and to gain confidence in those who drafted the plan. Confidence in the plan and those proposing the plan will help officers to prepare mentally, as well as to prepare their families for such an event.

F. EXERCISE, TRAINING AND PPE

Obviously, there is a cost involved in the creation and execution of an actual exercise, but as one officer suggested perhaps at a minimum, having everyone locate and don their equipment annually to ensure they actually know where it is and how to don it would be beneficial. The remainder of the education might take place during in-service training – explaining to officers the difference between a chemical attack and a biological attack, as well as the difference in the

responses to both, and sharing the plan. This would be a good time to discuss the difference between the response to a chemical attack and a biological incident, to include a pandemic, discovered days after contamination took place.

An actual exercise that revolves around a quarantine scenario would demonstrate the problems inherent in attempting to contain people against their will and would allow the department to observe first hand the officers' responses, sympathies, frustration, etc., since this is an unexplored area for many first responders. Clearly, exercising the plan is important, and failure is something all can learn from; however, once the lessons are learned, there should be another exercise to determine if previous mistakes have been compensated for and/or remedied. Of the officers who described WMD exercises during the focus group sessions, it seems that all ended in failure, and yet there were no additional exercises to demonstrate that the deficiencies had been corrected. Therefore, in the minds of the officers who participated in the original exercise, they expect the same failed results in a real situation. To develop confidence in the officers, it is imperative that they practice to success.

G. QUARANTINE

It was obvious from the focus group discussions that there needs to be an open dialogue between first-line responders and command staff regarding quarantine – to understand when quarantine will be used, how it will be enforced and what level of force will be used to enforce it. These discussions should take place sooner, rather than later and the department should consider creating a policy, in conjunction with public health, regarding quarantine enforcement and use of force.

H. LEADERSHIP

It is suggested that police officials partner with their public health counterparts and meet with the officers and their families. Consider holding an open forum that would allow the officers and their families to be heard and to have their questions answered. The officers should get to know and trust the public health officials pre-event, and this would be a good place to start. The public health officials are the same people from whom most of the officers said

they would want to hear when an incident does occur. Even if all the answers are not known, and clearly there are still many unknowns in the biological arena, by opening up a forum for a free exchange of ideas and concerns the command staff of the department will be earning the trust of the officers that they will need if they expect the first responders to follow them during what may be perceived as a chaotic deadly crisis.

I. CONCLUSION

The results of this study clearly indicate that the public needs to be prepared to have realistic expectations of the government and of law enforcement during a pandemic or a bio-terrorism attack, and to prepare to care for themselves and others, as well. If the community can be educated pre-event about how to prepare for an emergency and what to expect from government and law enforcement, it is possible that the public will be more self-reliant and compliant with restrictions on movement (quarantine and/or shelter-in-place) that would hopefully reduce the workload of an already understaffed police department. Police, rather than enforcers of quarantines in the face of public chaos, can be among the most effective educators, leading public preparedness in ways that would minimize the need for government enforced quarantine or at least reduce its scale

Law enforcement, public health and the fire department can work together using the community policing concepts to educate the public on what to expect, what to stockpile, how to care for each other, how to protect themselves, what quarantine is and why it will be necessary. If options are achieved in advance, the result is likely to be that a significant part of the population will be prepared, which will in turn reduce the burden on public health, law enforcement and government in general, all of which are likely to be understaffed and over taxed during a biological crisis.

APPENDIX A

Focus Group Questions

1. Prior to the scheduled time of the Focus Group, I sent around a roster asking for the following:
 - a. Name
 - b. Agency
 - c. Job Title
2. All were told:

“Before I ask you anything, I would like to ask each of you for permission to tape the conversation. The tape will be erased when I finish my note taking on the session, which I will use to write the thesis. I will assure you confidentiality as far as I am concerned in regards to me and my notes, but of course each of you will hear the comments of you colleagues. So I would ask that each person in the room agree to keep confidential the comments made by your fellow colleagues. If you are uncomfortable sharing a particular piece of information or your personal thoughts with everyone in the room regarding a particular issue, then I would ask that you pass it on to me in private after the session.”
3. Opening Questions:
 - a. We all have various commitments and obligations in our lives as officers. How much does your family/household life affect your on-the-job performance?
4. Introduction of the Topic: I'd like to discuss what might happen in the event of a bio-terrorism attack or a naturally occurring pandemic – specifically, how might it affect your work, family, colleagues and community.
5. Introduction Question:
 - a. In the event of a pandemic or bio-terrorism attack– we will hereinafter refer to it as a bio-event – what would be your role as a law enforcement officer?
 - b. In a bio-event – as a law enforcement officer what would be your biggest concern regarding your role?
6. Transition Question:
 - a. In the event of a bio-event, have made plans and preparations to respond and, if so, what are they? Let's start with your personal plans.

- b. What plans or preparations, if any, has your agency made in the event of a bio-event?
 - i. Have you practiced or exercised using plans?
- c. What do you expect the general public to do during a bio-event?
 - i. Give some suggestions or examples, and why?
- d. What do you think the general public will expect from you?
 - i. Give some ideas or suggestions, and why?

7. Key Questions:

- a. Questions: In conversations with representatives from other jurisdictions there is some concern about who may or may not respond in the event of bio-event.
 - i. In the event of a bio-terrorism attack or a pandemic, what type of issues would you consider, or concerns might you have, that would influence your decision whether to respond to work or not?
 - Concerns about the welfare of your family?
 - Whether there is a vaccine available?
 - What is the fatality rate of the bio-agent?
- b. Definition of terms: Isolation is for sick people contaminated by the bio-agent, quarantine is for those who were potentially exposed to the agent, are symptom-free, but may eventually get sick.
 - i. Let me ask you specifically about quarantine during a bio-event. What is your understanding of how quarantine would work in the event of a bio-attack or a pandemic?
 - 1. Who has the primary authority to declare one?
 - 2. What would your role be?
 - 3. What should be the goal of quarantine, and what level of force should be used to enforce quarantine?
 - 4. Under what circumstances do you think lethal force should be used during a quarantine situation?
 - ii. There appear to be situations in which a vaccine may or may not be available. If a vaccine were not available, would that change any of your previous responses?
 - 1. Would you come to work?
 - 2. What about your family?
- c. Now, let's talk about information during a bio-event:
 - i. During a bio-event, who do you expect to provide you with the authoritative information about what you should do as an officer?

- ii. Who do you expect to hear from outside of your agency? Which people would give you the most accurate information? Why?
 - iii. If you can not connect with you family directly, who would you want them to listen to about what to do? Why?
 - d. Now, let's talk about what could and should be done before a bio-event to change, improve or address some of the issues you've raised here today.
 - i. What could/should your agency do to improve:
 - 1. An officers understanding and preparation? How?
 - 2. The public's expectations?
 - 3. Ways to avoid the use of force in a quarantine situation, if possible?
 - 4. Communication with officers and the community?
8. Ending Questions :
- Is there anything that we missed or should have talked about?

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APPENDIX B

Interview Questions for Mr. Thomas:

1. What level of risk do you think the County is in terms of a bio-incident? Has it been a top priority for the County during your term, or have there been other priorities that required more attention?
2. What has the County government done thus far to prepare the public for a bio-incident? Who was involved in drawing up the plans or taking the action? Do you believe the County made all the necessary connections with emergency responders, law enforcement, public health?
3. Are there plans to prepare the public that have yet to be carried out? What are the primary initiatives that still need to be done?
4. What do you think the public will expect from the County government during a bio-incident?
5. What do you think the public will expect from public health during a bio-incident?
6. What do you think the public will expect from LE during a bio-incident?
6. What percentage of the county (population of approximately 1 million) do you believe is prepared for a bio-incident with stockpiles of food, water and supplies?
7. In a protracted bio-incident, how will the government address continuity of life issues, such as food, medicine, water, electricity, sick leave, etc? At what level of preparedness do you believe the County is to address these issues?
8. What does the government expect of LE in a bio-terrorist attack or a naturally occurring pandemic? Do you expect them to respond to work? Why/why not? Vaccine, or no vaccine?
9. What steps has the County taken to discuss preparedness with LE?
10. What if an officer contracts the disease while working? What protections and compensation will the County likely provide? To the officer, and to his/her family?
 - i. Workman's Compensation
 - ii. Sick Leave

iii. Line of Duty Death

11. Has the County engaged in any activities that anticipated what LE might do during a bio-incident, and has it taken any steps to ensure they respond in a bio-incident?
12. What is your view of quarantine? Do you anticipate the need for quarantine? Is so, how do you anticipate it working? Under what conditions would you have decided it was not necessary?
13. What is the level of force that should be used to enforce quarantine?
14. Who will be/should be the spokesperson in the event of a pandemic? A bio-attack?
15. What has the government done to prepare businesses for the economic effect of a bio-incident?
16. What about essential businesses like grocery stores, pharmacies, etc. – do they have coop plans that you/re aware of?

Then Mr. Thomas was briefed regarding the results of the focus groups:

LE families must be safe in order for officers to feel that they can come to work.

LE officers feel an obligation to come to work – out of a sense of duty to fellow officers.

At least one group suggested that the county consider securing a location where officers could bring their families.

If there is no vaccine, again they want to make sure their families are safe and then they will come to work.

If their families are not safe, they may not come to work.

Many do not want to go home and risk contaminating their own families.

Very few officers were aware of any plans by their respective agencies regarding how to respond in a bio-incident or what the role of the officers would be in such an event.

Only 3-4 officers had participated in an actual bio-terrorism exercise, and most of those involved vaccine dispensing sites and clinics.

Just about every officer expects that there will be chaos and that the public will panic during a bio-terrorism attack or a pandemic. Most reference the public's response to Katrina.

Most officers believe that the public will expect LE to supply direction and answers to all their questions, whether law enforcement related or not, and that 911 services will be overwhelmed.

Almost every officer conceptualized of a bio-incident or pandemic similar to a chemical attack or spill - they would encircle it – there would be a hot zone, a cold zone and decontamination. They would wear their issued PPE – level C suits. They had difficulty conceptualizing of an incident where the bio-agent had been dispersed within the community well in advance of the first signs of symptoms. They also did not see an incident last very long – again, they viewed it more like a chemical spill.

Quarantine – LE believes that it is initially fire/rescue's responsibility to handle and the LE has a support role. Officers were fairly well split in regards to the amount of force to be used to enforce quarantine - depending on the fatality rate of the agent; some believe deadly force is warranted while others seem to sympathize with those being held in quarantine.

They believe the public needs to be educated now regarding what to expect from LE and how quarantine will work, to reduce the chances of panic and chaos. LE wants to receive pertinent health information through trusted officials, many said not political officials, and some said they wanted to hear from local health officials.

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